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ABSTRACT

Noting that a quarter of a million children in the developing world die each week and that millions more live with ill health and poor growth, this handbook presents practical, low-cost ways of protecting children's lives and health. It is directed to those people who are in the position to communicate this information to families, such as health practitioners, educators, politicians, or the media. Written in plain language, each of the 11 chapters consists of: a note to communicators, on why the chapter's messages exert such powerful leverage on maternal and child health; prime messages, basic information that every family and community ought to know; and supporting information, more detailed information on each prime message for those who want or need to know more. The 11 chapter topics are: (1) timing births; (2) safe motherhood; (3) breastfeeding; (4) child growth; (5) immunization; (6) diarrhoea; (7) coughs and colds; (8) hygiene; (9) malaria; (10) AIDS; and (11) child development. (TJQ)

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Facts FOR Life

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A Communication Challenge

Facts for Life brings together the child health information that every family in the developing world has a right to know. For use by communicators, *Facts for Life* is published jointly by UNICEF, WHO, UNESCO and UNFPA in partnership with 165 leading medical and children's organizations.

- **Eight million copies in print**
- **100 national programmes**
- **176 language versions**

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Facts FOR Life

A Communication Challenge

P&LA

Facts for Life was devised, written, and produced for UNICEF, WHO, UNESCO, and UNFPA, by P&LA, 18 Observatory Close, Benson, Wallingford, Oxfordshire OX10 6NU, UK.

Facts for Life

Since its first publication three years ago, *Facts for Life* has met with a worldwide response. Over 100 countries have produced translations or adaptations and a total of some 8 million copies in over 170 languages are currently in use.

The appeal of *Facts for Life* is simple. There is a broad agreement among medical experts on the essential child health information that all families have a right to know. *Facts for Life* brings that information together. It is the most authoritative expression, in plain language, of what medical science now knows about practical, low-cost ways of protecting children's lives and health.

❍ It is information which can help to save the lives of many millions of children in the developing world.

❍ It is information which can significantly reduce malnutrition and help to protect the healthy growth of the next generation.

❍ It is information which almost all parents can put into practice, to some degree, at very low cost.

Facts for Life is published by UNICEF, WHO, UNESCO, and UNFPA, in partnership with over 160 of the world's best-known children's agencies.

This revised edition takes into account the many comments received from users over the last three years and has been thoroughly reviewed in the light of the most recent research in the various fields covered (including AIDS).

In response to requests from many countries, a new chapter has been added on the mental and emotional development of children.

Communicators

Every week, a quarter of a million children die in the developing world. Many millions more live on with ill health and poor growth.

A fundamental cause of this tragedy is poverty. Another fundamental cause is that today's knowledge about protecting the health and growth of children has not yet been put at the disposal of the majority.

Facts for Life helps to make this knowledge more widely available.

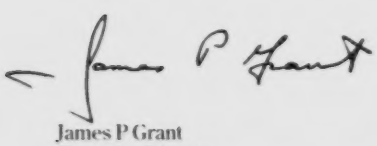
But experience has shown that only frequent repetition of new information, from many trusted sources and over many years, can truly

succeed in putting new health information at the disposal of all families and communities.

Facts for Life is issued as a long-term communication challenge to:

- heads of State and political leaders
- educational systems and the teaching profession
- the medical profession and the health services
- media professionals in television and radio, newspapers and magazines
- religious and spiritual leaders
- employers and the business community
- trade union and cooperative leaders
- community health workers, nurses, and midwives
- development workers and voluntary agencies
- women's organizations
- youth movements
- community organizations and traditional leaders
- all departments of national and local government
- artists, writers, entertainers, and sportsmen and -women.

In sum, *Facts for Life* is for all those who can help to undertake the greatest communications challenge of all - the challenge of empowering families to use today's knowledge to protect today's children - and tomorrow's world.



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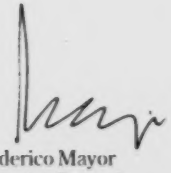

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Facts for Life is published in partnership with the following international organizations:

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- African Medical and Research Foundation
- Aga Khan Foundation
- Appropriate Health Resources and Technologies Action Group
- Arab Council for Childhood and Development
- Asian Health Institute
- Associated Country Women of the World
- Association for the Advancement of Policy, Research and Development in the Third World
- Association of Paediatric Societies of the Southeast Asian Region
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- Compassion International
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- European Healthcare Management Association
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- International Albert Schweitzer Society
- International Alliance of Women
- International Association for Community Development
- International Association for Maternal and Neonatal Health
- International Association for Religious Freedom
- International Association of Democratic Lawyers
- International Association of Educators for World Peace
- International Association of Schools of Social Work

- International Baby Food Action Network
- International Centre for Diarrhoeal Disease Research, Bangladesh
- International Child Care
- International Child Health Foundation
- International Children's Centre
- International Commission on Human Development with Special Reference to Mother and Child (Institute of Nutrition)
- International Committee, Marcel Charles Roy Foundation
- International Community for the Relief of Starvation and Suffering
- International Confederation of Free Trade Unions
- International Confederation of Midwives
- International Council for Education of the Visually Handicapped
- International Council of Nurses
- International Council of Women
- International Council on Management of Population Programmes
- International Council on Social Welfare
- International Development Foundation
- International Eye Foundation
- International Federation for Family Health
- International Federation for Home Economics
- International Federation for Parent Education
- International Federation of Business and Professional Women
- International Federation of Educative Communities
- International Federation of Plantation, Agricultural and Allied Workers
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- International Health Programs
- International Hospital Federation
- International Lactation Consultant Association
- International Management Systems
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- International Olympic Committee
- International Organization of Consumers Unions
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- International Pediatric Association
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- International Planned Parenthood Federation
- International Religious Society of Friends
- International Rescue Committee
- International Save the Children Alliance
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- International Terre des Hommes Federation
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- Teaching Aids at Low Cost
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- United Towns Organization
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- Water and Sanitation for Health Project
- Wellstart International
- Woman's Christian Temperance Union
- Women's International Democratic Federation
- World Alliance for Breastfeeding Action
- World Alliance of Young Men's Christian Associations
- World Assembly of Youth
- World Association for Christian Communication
- World Association of Girl Guides and Girl Scouts
- World Confederation of Labour
- World Confederation of Organizations of the Teaching Profession
- World Council of Churches (Christian Medical Commission)
- World Education
- World Federation for Medical Education
- World Federation of Trade Unions
- World Medical Association
- World Ministries Commission of the Church of the Brethren
- World Movement of Mothers
- World Muslim Congress
- World ORT Union
- World Organization for Early Childhood Education
- World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians
- World Organization of the Scout Movement
- World Veterans Federation
- Worldview International Foundation
- World Vision International
- World Young Women's Christian Association

To become a partner, or to order *Facts for Life* and *Using Facts for Life - A Handbook*, see inside back cover.

For details of national versions of *Facts for Life*, see pages 95 – 102.

Using Facts for Life - A Handbook

Facts for Life is intended for those who can help to communicate its essential child health messages to all families.

The booklet is therefore a starting point for discussions with communicators of all kinds. It is a way of inviting a wide range of individuals and organizations to become involved in promoting child health by using their communications resources and skills.

It is also a way of making that challenge concrete and 'do-able'. For example:

- Using *Facts for Life*, owners and editors of the mass media can be asked to make a long-term commitment to promoting its vital child health messages to their readers, listeners and viewers.

- Ministries of education, principals of schools and teacher training colleges, teachers and teaching unions, can be asked to join in the task of making sure that no child leaves school without a knowledge of today's methods of protecting the lives and growth of children.

- Religious leaders, political parties, employers, trade unions, health workers can be asked to promote *Facts for Life* messages at every opportunity to their congregations, constituencies, customers, employees, members, clients.

Every user of *Facts for Life* faces the same challenge: how can its knowledge reach those who need it most? And how should it be conveyed to help them put that knowledge into practice?

Information of the kind contained in *Facts for Life* is one of many forces which determine how parents try to protect the health and development of their children. Other powerful influences include social norms and pressures, individual confidence and attitude, and the availability of the necessary resources and support.

Those bringing *Facts for Life* to their constituencies are therefore trying to

connect the information it contains with the daily lives of people who are confronting disease, malnutrition and poverty.

This task finds its most effective practitioners among those who identify themselves with the struggle to bring dignity and self-reliance to those lives. It succeeds best when the knowledge it conveys is internalized and acted upon.

That is the challenge addressed by *Using Facts for Life - A Handbook.*

The booklet looks at such questions as:

- How can *Facts for Life* be prepared for country use?
- How can alliances be built to use *Facts for Life*?
- How can the knowledge content of *Facts for Life* be transformed effectively at local level?

Drawing upon the worldwide experience of recent years, *Using Facts for Life* describes the strategies and actions which those involved judged to have made a difference.

Using Facts for Life - A Handbook is available (late 1993) from UNICEF House - DH40, Facts for Life Unit, 3 UN Plaza, New York, NY 10017, USA, or through a local UNICEF office.

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UNICEF House - DH-40, Facts for Life Unit, 3 UN Plaza, New York, NY 10017, USA.

Contents

The top ten
Facts for Life's ten most important messages page xvi

Each of the chapters of Facts for Life consists of:

❍ A NOTE TO COMMUNICATORS — on why the chapter's messages could exert such powerful leverage on maternal and child health.

❍ PRIME MESSAGES — the information which every family and community ought to know.

❍ SUPPORTING INFORMATION — for those communicators who need to know more.

The Facts for Life chapters are

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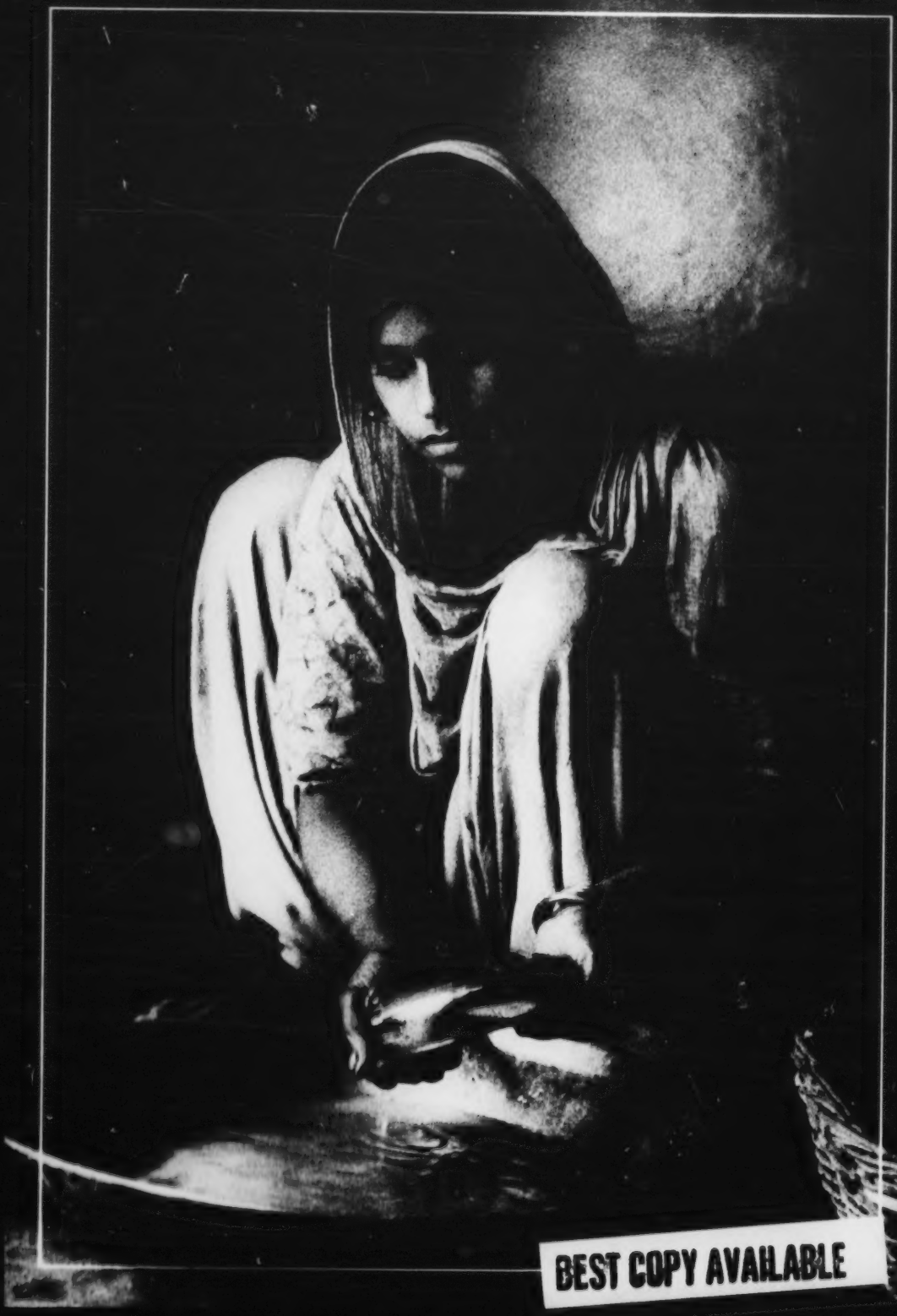
An invitation to participate in Facts for Life - see inside back cover



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Women's work

Putting today's essential health knowledge into practice will be seen by many as 'women's work'.

But women already have work.

They already grow most of the developing world's food, market most of its crops, fetch most of its water, collect most of its fuel, feed most of its animals, weed most of its fields.

And when their work outside the home is done, they light the third world's fires, cook its meals, clean its compounds, wash its clothes, shop for its needs, and look after its old and its ill.

And they bear and care for its children.

The multiple burdens of womanhood are too much.

And the greatest communication challenge of all is the challenge of communicating the idea that the time has come, in all countries, for men to share more fully in that most difficult and important of all responsibilities - protecting the lives and the health and the growth of their children.

Facts for Life is therefore addressed not only to women but to men.

Facts for Life – THE TOP TEN

The following are the top ten messages distilled from Facts for Life.

1 The health of both women and children can be significantly improved by spacing births at least two years apart, by avoiding pregnancies before the age of 18, and by limiting the total number of pregnancies to four.

2 To reduce the dangers of childbearing, all pregnant women should go to a health worker for prenatal care and all births should be assisted by a trained person.

3 For the first few months of a baby's life, breastmilk *alone* is the best possible food and drink. Infants need other foods, in addition to breastmilk, when they are about six months old.

4 Children under three have special feeding needs. They need to eat five or six times a day and their food should be specially enriched by adding mashed vegetables and small amounts of fats or oils.

5 Diarrhoea can kill by draining too much liquid from a child's body. So the liquid lost each time the child passes a watery stool must be replaced by giving the child plenty of the right liquids to drink - breastmilk, diluted gruel, soup, or a special drink called ORS. If the illness is more serious than usual, the child needs help from a health worker - and the special ORS drink. A child with diarrhoea also needs food to make a good recovery.

6 Immunization protects against several diseases which can cause poor growth, disability, and death. All immunizations should be completed in the first year of a child's life. Every woman of child-bearing age should be immunized against tetanus.

7 Most coughs and colds will get better on their own. But if a child with a cough is breathing much more rapidly than normal, then the child is seriously ill, and it is essential to go to a health centre quickly. A child with a cough or cold should be helped to eat and drink plenty of liquids.

8 Many illnesses are caused because germs enter the mouth. This can be prevented by using latrines; by washing hands with soap and water after using the latrine and before handling food; by keeping food and water clean, and by boiling drinking water if it is not from a safe piped supply.

9 Illnesses hold back a child's growth. After an illness, a child needs an extra meal every day for a week to make up the growth lost. Children from birth to the age of three years should be weighed every month. If there is no gain in weight for two months, something is wrong.

10 AIDS is a fatal and incurable disease which is passed on mainly by sexual intercourse. Intercourse is safe if both partners are free of infection and if they only have sex with each other. If in doubt, sexual intercourse can be made safer by using a condom.

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What every family and community has a right to know about

Timing Births

Note to communicators

It is not yet widely known that family planning is one of the most powerful ways of improving the health of women and children. Births which are 'too many or too close' or to women who are 'too old or too young' account for approximately one third of all infant deaths worldwide.

The four prime health messages of this chapter can therefore help to prevent the deaths of millions of children and hundreds of thousands of women each year.

If today's knowledge about the timing of births is to fulfil its potential for saving lives and improving health, then family planning services will have to be made available to all.

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Timing Births
Prime Messages

1 Becoming pregnant before the age of 18, or after the age of 35, increases the health risks for both mother and child.

2 The risk of death for young children is increased by up to about 50% if the space between births is less than two years.

3 Having more than four children increases the health risks of pregnancy and childbirth.

4 There are many safe and acceptable ways of avoiding pregnancy. Family planning services can give couples the knowledge and the means to plan when to begin having children, how far apart to have them, and when to stop.

Timing Births
Supporting Information

1

Becoming pregnant before the age of 18, or after the age of 35, increases the health risks for both mother and child.

❍ Every year over half a million women die from problems linked to pregnancy and childbirth, leaving behind over 1 million motherless children. Most of these deaths could be prevented by acting on today's knowledge about the importance of planning pregnancies.

All girls should be allowed the time to become women before becoming mothers. In societies where many girls marry at an early age, couples should delay the first pregnancy until at least the age of 18.

❍ For health reasons alone, no girl should become pregnant before the age of 18. A woman is not physically ready to begin bearing children until she is about 18 years of age. Babies born to women younger than 18 are more likely to be born too early and to weigh too little at birth. The birth itself is likely to be more difficult. Babies born to mothers who are too young are also much more likely to die in the first year of life. The risks to the mother's own health are also greater.

❍ After the age of 35, the health risks of pregnancy and childbirth begin to increase again. If a woman is over the age of 35, and has had four or more previous pregnancies, then another pregnancy is a serious risk to her own health and that of her unborn child.

2

The risk of death for young children is increased by about 50% if the space between births is less than two years.

❍ For the health of both mothers and children, parents should wait until their youngest child is at least two years old before having another baby.

❍ Children born too close together do not usually develop as well, physically or mentally, as children born at least two years apart.

❍ One of the greatest threats to the health and growth of a child under the age of two is the birth of a new baby. Breastfeeding stops too suddenly, and the mother has less time to prepare the special foods a young child needs. Also, she may not be able to give the older child the care and attention he or she needs, especially during illness. As a result, the child often fails to grow and develop properly.

❍ A mother's body needs two years to recover fully from pregnancy and childbirth. The risk to the mother's health is therefore greater if the next birth follows too closely upon the last. The mother needs to give herself time to get her strength and energy back before she becomes pregnant again.

❍ If a woman becomes pregnant before she is fully recovered from bearing a previous child, there is a higher chance that her new baby will be born too early and too light in weight. Low-birth-weight babies are less likely to grow well, more likely to fall ill, and four times more likely to die in the first year of life than babies of normal weight.

3

Having more than four children increases the health risks of pregnancy and childbirth.

❍ After a woman has had four children, further pregnancies bring greater risks to the life and health of both mother and child.

Especially if the previous births have not been spaced more than two years apart, a woman's body can easily become exhausted by repeated pregnancy, childbirth, breastfeeding, and looking after small children. Further pregnancies usually mean that her own health begins to suffer.

❍ After four pregnancies, there is an increased risk of serious health problems such as anaemia ('thin blood') and haemorrhage (heavy loss of blood). The risk of giving birth to babies with disabilities, or with low birth weight, also increases after four pregnancies and after the mother reaches the age of 35.

4

There are many safe and acceptable ways of avoiding pregnancy. Family planning services can give couples the knowledge and the means to plan when to begin having children, how far apart to have them, and when to stop.

❍ Most health clinics can offer different methods of family planning so that all couples can choose a method which is acceptable, safe,

convenient, and effective. Couples should ask advice about the most suitable means of family planning from the nearest trained health worker or family planning clinic.

Some methods of family planning, such as condoms and contraceptive pills, may also be available from pharmacies and other shops.

❍ Family planning is the responsibility of men as well as women. All men should be aware of the health benefits of family planning - and of the different methods now available.

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What every family and community has a right to know about

Safe Motherhood

Note to communicators

Every day, more than 1,000 women die from problems related to bearing children. The seven prime health messages of this chapter can help to save the majority of those lives and to prevent many serious illnesses.

But to make full use of this knowledge, women need the support of their husbands, their communities, and their governments.

Governments have a particular responsibility to train people to assist at childbirth, to make available routine prenatal services, and to provide special care for women who have serious problems during pregnancy and childbirth.

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Safe Motherhood
Prime Messages

1 The risks of childbirth can be drastically reduced by going to the nearest health worker for regular check-ups during pregnancy.

2 A trained person should assist at every birth.

3 To reduce the dangers of pregnancy and childbirth, all families should know the warning signs.

4 All woman need more food during pregnancy. All pregnant women need more rest.

5 Spacing pregnancies at least two years apart, and avoiding pregnancies below the age of 18 or above the age of 35, drastically reduces the dangers of child-bearing.

6 Girls who are healthy and well fed during their own childhood and teenage years have fewer problems in pregnancy and childbirth.

7 If a woman who is pregnant smokes, or takes alcohol or drugs, her child may be damaged in the womb.

Safe Motherhood Supporting Information

1

The risks of childbirth can be drastically reduced by going to the nearest health worker for regular check-ups during pregnancy.

❍ Many of the dangers of pregnancy and childbirth can be avoided if the mother-to-be goes to a health centre as soon as she believes she is pregnant. A health worker will help ensure a safe birth and a healthy baby by:

› checking the progress of the pregnancy so that if problems are likely the woman can be moved to a hospital for the birth

› checking for high blood pressure, which is a danger to both mother and child

› giving tablets to prevent anaemia ('thin blood')

› giving the two injections which will protect the mother and her newborn baby against tetanus

› checking that the baby is growing properly

› giving anti-malarial tablets where necessary

› preparing the mother for the experience of childbirth and giving advice on breastfeeding and care of the newborn

› advising on where to go or how to get help if problems arise during childbirth

› advising on ways of delaying the next pregnancy.

2

A trained person should assist at every birth.

❍ A trained birth attendant will know:

› when labour has gone on for too long (more than 12 hours) and a move to hospital is necessary

- how to keep the birth clean and reduce the risk of infection
- how to cut the cord cleanly and safely
- what to do if the baby is being born in the wrong position
- what to do if too much blood is being lost
- what to do if the baby does not begin breathing straight away
- how to help the mother to start breastfeeding immediately after the birth
- how to dry and keep the baby warm after delivery
- how to help the mother prevent or postpone another birth.

If serious problems arise during childbirth, a trained birth attendant will know when medical help is needed and how to get it.

3

To reduce the dangers of pregnancy and childbirth, all families should know the warning signs.

With any pregnancy, it is important to ask the advice of a health worker about where the baby should be born and who should attend the birth. If a family knows that a birth is likely to be difficult or risky, it may be possible to have the baby in a hospital or maternity clinic. Or it may be possible to move, temporarily, closer to a clinic or hospital so that the mother is within reach of medical help.

So it is important for pregnant women, their husbands, and other family members to know the signs which indicate that extra care, and regular visits to a health worker, are needed.

Warning signs before pregnancy begins:

- an interval of less than two years since the last birth
- mother-to-be is less than 18 or more than 35 years old
- mother-to-be has had four or more previous children
- mother-to-be has had a previous baby weighing less than 2 kilograms at birth
- mother-to-be has had a previous difficult or Caesarian birth
- mother-to-be has had a previous premature birth
- mother-to-be has had a previous miscarriage, abortion or stillbirth
- mother-to-be weighs less than 38 kilograms before pregnancy
- mother-to-be is less than 145 cm in height.

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Warning signs developing during pregnancy:

- failure to gain weight (at least 6 kilos should be gained in pregnancy)
- paleness of inside eyelids (should be red or pink)
- unusual swelling of legs, arms, or face.

Four signs which mean get help immediately:

- bleeding from the vagina during pregnancy
- severe headaches (sign of high blood pressure)
- severe vomiting
- high fever.

❍ Dangerous problems can arise during the process of giving birth. In at least half of all cases, there are no warning signs in pregnancy. Therefore all couples should know - *in advance* - where the nearest hospital or maternity unit is to be found and how to get there. In case problems arise during labour, the father-to-be should make advance arrangements for moving the mother-to-be to the nearest hospital or maternity unit. In particular, transport should be arranged in case it is needed.

4

All women need more food during pregnancy. All pregnant women need more rest.

❍ The husband and family of a pregnant woman should ensure that she has a variety of extra foods every day - starting as soon as pregnancy is confirmed. She should also have more rest than usual during the daytime, especially in the three months before the birth.

❍ A pregnant woman needs a variety of the best foods available to the family: milk, fruit, vegetables, meat, fish, eggs, pulses, and grains. There is no reason to avoid any of these foods during pregnancy.

❍ If possible, a woman should be weighed as soon as she knows that she is pregnant. It is important to gain weight every month during pregnancy, and to try to gain a total of 8-10 kilos before the baby is born.

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5

Spacing pregnancies at least two years apart, and avoiding pregnancies below the age of 18 or above the age of 35, drastically reduces the dangers of child-bearing.

❍ One of the most effective ways of reducing the dangers of pregnancy and childbirth - for both mother and child - is to plan the timing of births. The risks of child-bearing are greatest when the mother-to-be is under 18 or over 35, or has had four or more previous pregnancies, or when there is a gap of less than two years since the last birth.

❍ Avoiding births by having an unsafe abortion can be very dangerous. Illegal abortions carried out by untrained persons kill between 100,000 and 200,000 women every year.

6

Girls who are healthy and well fed during their own childhood and teenage years have fewer problems in pregnancy and childbirth.

❍ Safe and successful childbearing depends most of all on the health and readiness of the mother-to-be. So special attention should be paid to the health, feeding, and education of adolescent girls. The first pregnancy should wait until at least the age of 18.

7

If a woman who is pregnant smokes, or takes alcohol or drugs, her child may be damaged in the womb.

❍ A pregnant woman can damage her unborn child by smoking tobacco, drinking alcohol, and using narcotic drugs. It is particularly important not to take medicines during pregnancy unless they are absolutely necessary and prescribed by a trained health worker.

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What every family and community has a right to know about

Breast feeding

Note to communicators

Babies fed on breastmilk have fewer illnesses and less malnutrition than babies who are bottle-fed on other foods. If all babies were exclusively breastfed for about the first six months of life, then the deaths of more than 1 million infants a year would be prevented.

Bottle-feeding is a special threat in poor communities where parents may not be able to afford sufficient milk-powder, may not have clean water to mix it with, and may not be able to sterilize teats and feeding bottles.

The six prime messages in this chapter can help to avert that threat and promote the healthy growth of young children.

Many mothers lack confidence in their own ability to breastfeed. They need the encouragement and practical support of fathers, health workers, relatives and friends, women's groups, the mass media, trade unions and employers.

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Breastfeeding Prime Messages

1 Breastmilk alone is the best possible food and drink for a baby. No other food or drink is needed for about the first six months of life.

2 Babies should start to breastfeed as soon as possible after birth. Virtually every mother can breastfeed her baby.

3 Breastfeeding causes more milk to be produced. A baby needs to suck frequently at the breast so that enough breastmilk is produced to meet the baby's needs.

4 Breastfeeding helps to protect babies and young children against dangerous diseases. Bottle-feeding can lead to serious illness and death.

5 A variety of additional foods is necessary when a child is about six months old, but breastfeeding should continue well into the second year of a child's life and for longer if possible.

6 Breastfeeding gives a mother 98% protection against pregnancy for six months after giving birth - *if* her baby breastfeeds frequently, day and night, *if* the baby is not regularly given other food and drink, and *if* the mother's periods have not returned.

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Breastfeeding Supporting Information

1

Breastmilk alone is the best possible food and drink for a baby. No other food or drink is needed for about the first six months of life.

❍ From the moment of birth up to the age of about six months, breastmilk is all the food and drink a baby needs. It is the best food a child will ever have. All substitutes, including cow's milk, infant formula, milk-powder solutions, and cereal gruels, are inferior.

❍ Even in hot, dry climates, breastmilk contains sufficient water for a young baby's needs. Additional water or sugary drinks are not needed to quench the baby's thirst. They can also be harmful. If the baby is also given water, or drinks made with water, then the risk of getting diarrhoea and other illnesses increases.

❍ Other foods and drinks are necessary when a baby reaches the age of about six months. If monthly weighing shows that a child under six months of age is not growing well, then the child may need more frequent breastfeeding. If the child is already being breastfed frequently, then lack of weight gain shows either that the child has an illness or that other foods, in addition to breastmilk, are now necessary.

❍ Until the age of nine or ten months, the baby should be breastfed before other foods are given. Breastfeeding should continue well into the second year of life - and for longer if possible.

2

Babies should start to breastfeed as soon as possible after birth. Virtually every mother can breastfeed her baby.

❍ Mothers and newborn babies should not be in different rooms. The baby should be allowed to suck at the breast as often as he or she wants.

❍ If a mother gives birth in a maternity unit, then she has a right to expect that her newborn baby will be kept near her in the same room,

24 hours a day, and that no other food or drink will be given to her baby except breastmilk.

❍ Starting to breastfeed immediately after birth stimulates the production of breastmilk. Breastfeeding should begin not later than one hour after the delivery of the baby.

❍ The thick yellowish milk (called colostrum) that the mother produces in the first few days after birth is good for babies. It is nutritious and helps to protect them against common infections. The baby does not need any other food or drink while waiting for the mother's milk to 'come in'. In some countries, mothers are advised not to feed this colostrum to their babies. This advice is wrong.

❍ Many mothers need help when they begin to breastfeed, especially if the baby is their first. An experienced and sympathetic adviser, such as a woman who has successfully breastfed, can help a mother avoid or solve many common problems.

❍ The position of the baby on the breast is very important. A bad sucking position is the cause of problems such as:

- sore or cracked nipples
- not enough milk
- refusal to feed.

❍ Signs that the baby is in a good position for breastfeeding are:

- the baby's whole body is turned towards the mother
- the baby takes long, deep sucks
- the baby is relaxed and happy
- the mother does not feel nipple pain.

❍ Almost all mothers can produce enough milk if:

- the baby takes the breast into his or her mouth in a good position
- the baby sucks as often, and for as long, as he or she wants, including during the night.

❍ Crying is not a sign that a baby needs artificial feeds. It normally means that the baby needs to be held and cuddled more. Some babies need to suck the breast simply for comfort. If the baby is hungry, more sucking will produce more breastmilk.

❍ Mothers who are not confident that they have enough breastmilk often give their babies other food or drink in the first few months of life. But this means that the baby sucks at the breast less often. So less breastmilk is produced. To stop this happening, mothers need to be reassured that they can feed their young babies properly with ***breastmilk alone***. They need the encouragement and practical support of their families, the child's father, neighbours, friends, health workers and women's organizations.

❍ Mothers employed outside the home need adequate maternity leave, breastfeeding breaks during the working day, and crèches where their babies can be looked after at the workplace. So employers and trade unions also have a part to play in supporting breastfeeding.

❍ Husbands, families, and communities can help to protect the health of both mothers and babies by making sure that the mother has enough food and by helping with her many tiring tasks.

❍ Breastfeeding can be an opportunity for a mother to take a few minutes of much-needed rest. Husbands or other family members can help by encouraging the mother to lie down, in peace and quiet, while she breastfeeds her baby.

3

Breastfeeding causes more milk to be produced. A baby needs to suck frequently at the breast so that enough breastmilk is produced to meet the baby's needs.

❍ From birth, the baby should breastfeed whenever he or she wants to - often indicated by crying. Frequent sucking at the breast is necessary to stimulate the production of more breastmilk.

❍ Frequent sucking helps to stop the breasts from becoming swollen and painful.

❍ 'Topping up' breastmilk feeds with milk-powder solutions, infant formulas, cow's milk, water, or other drinks, reduces the amount of milk the baby takes from the breast. This leads to less breastmilk being produced. The use of a bottle to give other drinks can cause the baby to stop breastfeeding completely. It can also confuse the baby because the sucking action of bottle-feeding is very different from sucking at the breast. Babies who are confused between sucking at the breast and sucking at the bottle may drink less breastmilk. This will cause less breastmilk to be produced.

4

Breastfeeding helps to protect babies and young children against dangerous diseases. Bottle-feeding can lead to serious illness and death.

❍ Breastmilk is the baby's first 'immunization'. It helps to protect the baby against diarrhoea, coughs and colds, and other common illnesses. The protection is greatest when breastmilk alone is given to the baby for about the first six months.

❍ Cow's milk, infant formulas, milk-powder solutions, maize gruel and other infant foods do not give babies any special protection against diarrhoea, coughs and colds, and other diseases.

❍ Bottle-feeding can cause illnesses such as diarrhoea unless the water is boiled and the bottle and teats are sterilized in boiling water before each feed. The more often a child is ill, the more likely it is that he or she will become malnourished. That is why, in a community without clean drinking water, a bottle-fed baby is many times more likely to die of diarrhoea than a baby fed exclusively on breastmilk for about the first six months.

❍ Mothers should be helped to breastfeed their babies. If for any reason a mother does not breastfeed, then she should be helped in other ways to give her baby good nutrition and protection against disease.

❍ The best food for a baby who, for whatever reason, cannot be breastfed, is milk squeezed from the mother's breast. It should be given in a cup that has been very well cleaned. Cups are safer than bottles and teats because they are easier to keep clean.

❍ The best food for any baby whose own mother's milk is not available is the breastmilk of another mother.

❍ If non-human milk has to be used, it should be given from a clean cup rather than a bottle. Milk-powder solutions should be prepared using water that has been boiled and then cooled.

❍ Cow's milk, infant formula, or milk-powder solutions can cause poor growth if too much water is added in order to make them go further.

❍ Cow's milk and milk-powder solutions go bad if left to stand at room temperature for a few hours. Breastmilk can be stored for at least eight hours at room temperature without going bad.

❍ In low-income communities, the cost of cow's milk or powdered milk, plus bottles, teats, and the fuel for boiling water, can be as much as 25-50% of a family's income.

5

A variety of additional foods is necessary when a child is about six months old, but breastfeeding should continue well into the second year of a child's life and for longer if possible.

❍ Although children need additional foods after about the first six months of life, breastmilk is still an important source of energy and protein, and other nutrients such as vitamin A, and helps to protect against disease during the child's second year of life.

❍ A mother can continue to breastfeed her child for as long as she wishes, but it is best for her own and her children's health if she avoids becoming pregnant again until her youngest child has reached the age of two years. Most methods of avoiding pregnancy - including condoms, IUDs, and voluntary sterilization - do not affect breastfeeding. 'Minipills' and injectable contraceptives also have no effect on breastmilk providing that they contain no oestrogen. But conventional contraceptive pills can reduce the amount of breastmilk.

❍ Babies get ill frequently as they learn to crawl, walk, and play. A child who is ill needs breastmilk. It provides a nutritious, easily digestible food when the child loses appetite for other foods.

❍ Between the ages of one and two, a baby benefits from breastmilk as well as needing family foods. Breastfeeding is good for the child as part of a meal, or between meals, or whenever the child feels hungry. But at this time, all children need other foods. In the second year of life, breastfeeding should be an addition to, not a substitute for, normal meals.

❍ Breastfeeding also comforts a child when he or she is frightened, hurt, angry, or tearful.

6

Breastfeeding gives a mother 98% protection against pregnancy for six months after giving birth - *if* her baby breastfeeds frequently, day and night, *if* the baby is not regularly given other food and drink, and *if* the mother's periods have not returned.

❍ It is now known that the sucking of the baby on the mother's breast causes a delay in the return of the mother's fertility. For some women, breastfeeding delays the return of menstrual periods for up to 12 months - or even longer. For other mothers, menstrual periods return only three or four months after giving birth.

❍ How often the baby sucks at the mother's breast is the most important fact in deciding how long it will be before the mother's periods return.

If a baby sucks very frequently at the breast (whenever the baby wants to, including at night) then the return of the mother's periods will be delayed for much longer. But if breastfeeding is restricted to a regular routine, then the mother's periods will return much more quickly. Or if a mother gives other food or drink to a baby who is less than six months old, then the baby may suck less often at the breast and the mother's periods are likely to return much sooner.

❍ The return of menstrual periods lets the mother know that she can become pregnant again.

❍ It is possible for a mother to become pregnant again before her monthly period returns. This becomes more likely when six months have

passed since the birth of the baby. A woman who wants to be protected against another pregnancy should choose another method of family planning if *any* of the following apply:

- her baby has reached the age of six months
- her monthly periods have returned
- the baby is starting to take other food and drink in addition to breastmilk.

Whether or not a mother intends to breastfeed a newborn child, parents should be provided with advice on family planning at the maternity unit or hospital where their child has been born. If the child is born at home, trained birth attendants can also give advice on family planning.

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What every family and community has a right to know about

Child Growth

Note to communicators

Poor food and frequent infection lead to malnutrition and hold back the physical and mental development of millions of children. The seven prime health messages in this chapter could help parents to prevent most child malnutrition, even in low-income communities.

Some parents are unable to feed their children properly because of drought, famine, war, or poverty. Only political and economic action, often involving land reform and investment in food production by and for the poor, can solve this problem.

But the great majority of parents in developing countries either grow enough or earn enough to provide an adequate diet for their young children - if they know about the special needs of the young child and if they are supported by their communities and governments in putting that knowledge into practice.

Child Growth Prime Messages

1. Children from birth to the age of three years should be weighed every month. If there is no weight gain for two months, something is wrong.

2. Breastmilk alone is the best possible food for about the first six months of a child's life.

3. By the age of about six months, the child needs other foods in addition to breastmilk.

4. A child under three years of age needs food five or six times a day.

5. A child under three years of age needs a small amount of extra fat or oil added to the family's ordinary food.

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6 All children need foods rich in vitamin A – breastmilk, green leafy vegetables, and orange-coloured fruits and vegetables.

7 After an illness, a child needs one extra meal every day for at least a week.

Child Growth Supporting Information

1

Children from birth to the age of three years should be weighed every month. If there is no weight gain for two months, something is wrong.

❍ Regular monthly weight gain is the most important sign of a child's overall health and development. It is the child's own weight gain which is important, not how the child compares in weight to other children.

❍ It is therefore important to weigh young children every month. If a child does not gain weight over a two-month period, then parents and health workers should act. The child is being held back either by illness, or poor food, or lack of attention. The following paragraphs cover the most likely causes of poor growth, and the most important actions parents can take to keep a child growing well.

❍ Breastfeeding helps protect a baby from common illnesses and ensure its growth for the first few months of life. A full course of immunizations in the first year of life is also essential - it protects against diseases which cause undernutrition.

❍ When additional foods are given, the risk of infection increases. From now on, it is specially important to check that the child is putting on weight regularly from one month to the next. If a child under the age of three is not gaining weight, and if the child has good food, these are the 10 most important questions to ask:

❍ is the child eating frequently enough? (a child should eat five or six times a day)

❍ do the child's meals have too little energy in them? (small amounts of oil or fats should be added)

❍ is the child frequently ill? (needs medical attention)

❍ has the child been refusing to eat when ill? (needs tempting to eat when ill and extra meals to catch up afterwards)

- is the child getting enough vitamin A? (needs dark green vegetables every day)
- is the child being bottle-fed? (bottle and water may not be clean, sugary drinks may be being used instead of milk)
- are food and water being kept clean? (if not, child will often be ill)
- are faeces being put into a latrine or buried? (if not, child will often be ill)
- does the child have worms? (needs deworming medicine from health centre)
- is the child alone too much? (needs more stimulation and attention).

Recording the child's weight with a dot on the child's 'growth chart' and joining up the dots after each monthly weighing gives a line which enables a mother to see her child's growth. An upward line means the child is doing well. A flat line is a cause for concern. A downward line is a sure sign that all is not well with the child. A child who is given only breastmilk will almost always grow well in the first few months of life. Seeing this good progress on a growth chart helps give the mother confidence.

2

Breastmilk alone is the best possible food for about the first six months of a child's life.

- From the moment of birth up to the age of about six months, breastmilk is all the food and drink a baby needs to grow well. In these early months, when a baby is most at risk, breastmilk helps to protect against diarrhoea and other common infections.
- Breastmilk is the best food a child will ever have. If possible, breastfeeding should continue well into the second year of life and for longer if possible.

3

By the age of about six months, the child needs other foods in addition to breastmilk.

- At the age of about six months, most infants need other foods in addition to breastmilk. Before the age of six months, an infant who is not gaining enough weight may need more frequent breastfeeding.

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❍ If the child is already being breastfed frequently, then failure to gain weight shows that other foods in addition to breastmilk are now necessary.

❍ For an infant who continues to grow well, additional food may not be necessary until seven or even eight months. After that, all children need other foods in addition to breastmilk.

❍ The baby should be breastfed *before* being given other foods so that the mother will have more breastmilk for a longer period.

❍ Boiled, peeled and mashed vegetables should be added to a young child's gruel or other weaning food at least once each day.

❍ The greater the variety of foods the child eats, the better.

4

A child under three years of age needs food five or six times a day.

❍ A child's stomach is smaller than an adult's, so a child cannot eat as much as an adult at one meal. But its energy needs, for its size, are greater. So the problem is how to get enough 'energy food' into the child. The answer is:

❍ feed the child frequently - five or six times a day

❍ enrich the child's gruel or porridge with mashed vegetables and a little oil or fat.

❍ A child's food should not be left standing for hours. Germs can grow in it which may make the child ill. As it is usually not possible to cook fresh food for a child five or six times a day, dried foods or snacks should be given in between meals - fruits, bread, patties, biscuits, nuts, coconut, bananas or whatever clean food is easily available. Breastmilk is also an ideal 'snack' and is always clean and free from germs.

5

A child under three years of age needs a small amount of extra fat or oil added to the family's ordinary food.

❍ The family's normal food needs to be enriched to meet the special energy needs of the child. This means adding mashed vegetables and small amounts of fats or oils - butter, ghee, vegetable oil, soya oil, coconut oil, corn oil, groundnut oil, or crushed nuts.

❍ Breastmilk also enriches a child's diet, and breastfeeding should continue, if possible, until well into the second year of a child's life.

6

All children need foods rich in vitamin A - breastmilk, green leafy vegetables, and orange-coloured fruits and vegetables.

❍ Over 200,000 children go blind each year because they do not have enough vitamin A in their bodies. Vitamin A may also protect children against other illnesses such as diarrhoea. It should therefore be a part of every child's daily diet.

❍ Vitamin A comes from breastmilk, dark green leafy vegetables, and from orange or yellow fruits and vegetables such as carrots, papayas, and mangoes.

❍ If a child has had diarrhoea or measles, vitamin A will be lost from the child's body. It can be replaced by breastfeeding more often, and by feeding the child more fruit and vegetables.

7

After an illness, a child needs one extra meal every day for at least a week.

❍ One of the most important skills of a parent is the skill of stopping illnesses from holding back a child's growth. In times of illness, and especially if the illness is diarrhoea or measles, the appetite falls and less of the food that is eaten is absorbed into the body. If this happens several times a year, the child's growth will be held back.

❍ So it is essential to encourage a child who is ill to eat and drink. This can be difficult if the child does not want to eat, so it is important to keep offering food the child likes, usually soft, sweet foods, a little at a time and as often as possible. Breastfeeding is especially important.

❍ When the illness is over, extra meals should be given so that the child catches up on the growth lost. A good rule is to give a child an extra meal every day for at least a week after the illness is over. The child is not fully recovered from an illness until he or she is at least the same weight as when the illness began.

❍ If illness and poor appetite persist for more than a few days, the child should be taken to a health worker.

❍ It is also important to protect a child's growth by preventing illness:

- give a child breastmilk alone for about the first six months of life. Then introduce other foods, and continue to breastfeed
- make sure your child is fully immunized before the age of one year
- always use latrines and keep hands, food, and kitchens clean.

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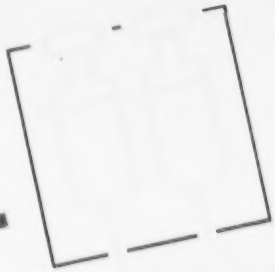
What every family and community has a right to know about

Immu-nization



Note to communicators

Without immunization, an average of three out of every hundred children born will die from measles. Another will die from tetanus. One more will die from whooping cough. One out of every two hundred will be disabled by polio.

The four prime health messages in this chapter can help to prevent these tragedies.

Vaccines can protect children against these diseases. But several vaccinations are needed before a child is fully protected. And even when vaccination services are available, many infants are not brought for the *full course* of vaccinations.

It is therefore essential that all parents know why, when, where, and how many times, their infants should be immunized.

If the health service does not provide immunization, parents should ask for it through their community organizations.

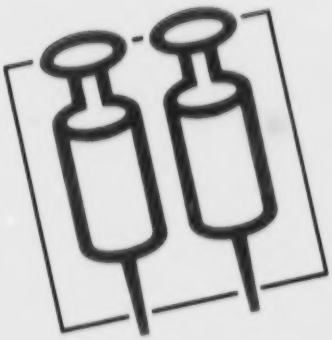
Immunization Prime Messages

1 Immunization protects against several dangerous diseases. A child who is not immunized is more likely to become undernourished, to become disabled, and to die.

2 Immunization is urgent. All immunizations should be completed in the first year of the child's life.

3 It is safe to immunize a sick child.

4 Every woman between the ages of 15 and 44 should be fully immunized against tetanus.



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Immunization Supporting Information

1

Immunization protects against several dangerous diseases. A child who is not immunized is more likely to become undernourished, to become disabled, and to die.

❍ Immunization protects children against some of the most dangerous diseases of childhood. A child is immunized by vaccines which are injected or given by mouth. The vaccines work by building up the child's defences. If the disease strikes before a child is immunized, immunization is too late.

❍ A child who is not immunized is very likely to get measles and whooping cough. These diseases can kill. But even children who survive these diseases are weakened by them. They may not grow well. And they may die later from malnutrition or other illnesses.

❍ Measles is also an important cause of malnutrition, poor mental growth, and blindness.

❍ An unimmunized child will almost certainly be infected with the polio virus. And for every 200 children who are infected, one will be crippled for life.

❍ Tetanus germs grow in dirty cuts and kill most of the people who become infected - if they are not immunized.

❍ Breastfeeding is a kind of natural immunization against several diseases. Some of the mother's resistance to disease is passed to the child in her breastmilk, and especially in the thick yellow milk (called colostrum) which is produced during the first few days after the birth.

2

Immunization is urgent. All immunizations should be completed in the first year of the child's life.

❍ It is vital to immunize children early in life. Half of all deaths from whooping cough, one third of all cases of polio, and a quarter of all deaths from measles, occur before the age of one year.

❍ It is vital for infants to complete the full course of immunizations, otherwise the vaccines may not work. Some vaccines need to be given only once. Others have to be given three times, with a gap of at least four weeks between each dose.

❍ The important thing for parents to know is that a child should be taken for immunization five times in the first year of the child's life:

❍ at birth, or as soon as possible afterwards, babies should be immunized against tuberculosis

❍ in countries where polio is still a problem, newborn babies can also be given a dose of polio vaccine. This is in addition to the three doses given at the ages of 6, 10 and 14 weeks

❍ at the age of 6 weeks, parents should bring their babies for a first immunization against diphtheria, whooping cough, and tetanus. These three vaccines are given together in a single injection called DPT. The first of three doses of polio vaccine should also be given at this time

❍ at the ages of 10 and 14 weeks, parents should return for their infants to complete the full course of DPT and polio vaccines

❍ as soon as possible after the age of nine months, parents should bring their babies for immunization against measles.

❍ Measles is one of the most dangerous of all childhood diseases. For the first few months of life, the child has some natural protection against measles. This natural protection is inherited from the child's mother. It may prevent measles vaccination from doing its job. But after about nine months, natural protection comes to an end. The child is now at risk from measles and can and should be immunized. So it is vital to take a child for measles vaccination as soon as possible after the age of nine months.

❍ If for any reason a child has not been fully immunized in the first year of life, it is vital to have the child immunized as soon as possible.

	Immunization schedule for infants*
AGE	DISEASE TO BE IMMUNIZED AGAINST
Birth	Tuberculosis (and polio in some countries)
6 weeks	Diphtheria, whooping cough, tetanus, polio
10 weeks	Diphtheria, whooping cough, tetanus, polio
14 weeks	Diphtheria, whooping cough, tetanus, polio
9 months	Measles (12-15 months in industrialized countries and polio in some countries)
	*National immunization schedules may differ slightly from country to country.

3

It is safe to immunize a sick child.

❍ One of the main reasons why parents do not bring their children for immunization is that the child has a fever, a cough, a cold, diarrhoea, or some other mild illness on the day the child is to be immunized. Even if the child with a case of mild illness or malnutrition is brought for immunization, health workers may advise against giving the injections. This is wrong advice. It is now known that it is safe to immunize a child who is suffering from a minor illness or malnutrition.

❍ After an injection the child may cry, develop a fever, a rash, or a small sore. As with any illness, a child should be given plenty of food and liquids. Breastfeeding is especially helpful. If the problem seems serious or lasts more than three days, the child should be taken to a health centre.

4

Every woman between the ages of 15 and 44 should be fully immunized against tetanus.

❍ In many parts of the world, mothers give birth in unhygienic conditions. This puts both mother and child at risk from tetanus, a major killer of the newborn. If the mother is not immunized against tetanus, then one baby in every 100 will die from the disease.

❍ Tetanus germs grow in dirty cuts. This can happen, for example, if an unclean knife is used to cut the umbilical cord or if anything unclean is put on the stump of the cord. (Anything used to cut the cord should first be cleaned and then boiled or heated in a flame and allowed to cool.)

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If the tetanus germs enter the mother's body, and if she is not immunized against tetanus, then her life will also be at risk.

❍ All women of child-bearing age should be immunized against tetanus. All women who become pregnant should check to make sure they have been immunized against tetanus. In this way, both mothers and their new-born babies will be protected.

❍ If a woman is not already immunized, a first dose of tetanus vaccine should be given as soon as she becomes pregnant. The second dose can be given four weeks after the first. This second dose should be given *before* the last two weeks of the pregnancy.

A third dose should be given 6 to 12 months after the second dose, or during the next pregnancy.

These three tetanus vaccinations protect the mother, and her newborn baby, for five years. All infants should be immunized against tetanus during the first year of life.

❍ If a girl or a woman has been vaccinated five times against tetanus, then she is protected against the disease throughout her years of child-bearing. Any children she may then have will also be protected for the first few weeks of life.

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What every family and community has a right to know about

Diarrhoea

Note to communicators

Diarrhoea causes dehydration, and malnutrition and kills over 3 million children every year.

The seven health messages in this chapter can help parents and communities to prevent almost all of these deaths and most of the malnutrition caused by diarrhoea.

The main causes of diarrhoea are poor hygiene, lack of clean drinking water, overcrowding, and the trend towards bottle-feeding rather than breastfeeding. It is the responsibility of government to support the community in tackling these basic problems.

Diarrhoea Prime Messages

1 Diarrhoea can kill children by draining too much liquid from the body. So it is essential to give a child with diarrhoea plenty of liquids to drink.

2 A child with diarrhoea needs food.

3 When a breastfed child has diarrhoea, it is important to continue breastfeeding.

4 A child who is recovering from diarrhoea needs an extra meal every day for at least two weeks.

5 Trained help is needed if diarrhoea is more serious than usual, if it persists for more than two weeks, or if there is blood in the stool.

6 Medicines other than ORS should not be used for diarrhoea, except on medical advice.

7 Diarrhoea can be prevented by breastfeeding, by immunizing all children against measles, by using latrines, by keeping food and water clean, and by washing hands before touching food.

Diarrhoea Supporting Information

1

Diarrhoea can kill children by draining too much liquid from the body. So it is essential to give a child with diarrhoea plenty of liquids to drink.

❍ Diarrhoea is dangerous. Roughly one in every two hundred children who get diarrhoea will die from it.

❍ Most often, diarrhoea kills by dehydration. This means that too much liquid has been drained out of the child's body. So as soon as diarrhoea starts, it is essential to give the child extra drinks to replace the liquid being lost.

❍ Suitable drinks to prevent a child from losing too much liquid during diarrhoea are:

- breastmilk
- gruels (mixtures of cooked cereals and water)
- soups
- rice water
- fresh fruit juices
- weak teas
- green coconut water
- water from the cleanest possible source (if possible, brought to the boil and then cooled)
- oral rehydration salts solution.

❍ In almost all countries, special drinks for children with diarrhoea are available in pharmacies, shops, or health centres. Usually, these come in the form of packets of oral rehydration salts (ORS) to be mixed with the recommended amount of clean water (*see box*). Although ORS is especially made for the treatment of dehydration, it can also be used to prevent dehydration.

Do not add ORS to liquids such as milk, soup, fruit juice or soft drinks.

❍ If ORS is not available, dehydration can be treated by giving the child a drink made from four level teaspoons of sugar and half a level teaspoon of salt dissolved in one litre of clean water.

This is less salt and less sugar than recommended in the first edition of *Facts for Life*. In practice, too much salt and sugar have sometimes been used because spoon sizes differ and because parents sometimes add more salt and sugar in the belief that this will make the treatment more effective. But too much sugar can make the diarrhoea worse and too much salt can be harmful to the child. Therefore a more dilute formula is now recommended. If the mixture is made a little too dilute, no harm can be done, and there is very little loss of effectiveness.

❍ To replace the liquid being lost from the child's body, one of these drinks should be given to the child every time a watery stool is passed:

› between a quarter and a half of a large cup for a child under the age of two

› between a half and a whole large cup for older children.

❍ The drink should be given directly from a cup or by a teaspoon - not from a feeding bottle . If the child vomits, wait for 10 minutes and then begin again, giving the drink to the child slowly, small sips at a time.

❍ Extra liquids should be given until the diarrhoea has stopped. This will usually take between three and five days.

ORS - a special drink

A special drink for diarrhoea can be made by using a packet of oral rehydration salts (ORS). This drink is used by doctors and health workers to treat dehydrated children. But it can also be used in the home to prevent dehydration.

› Dissolve the contents of the packet in the amount of water indicated on the packet. If you use too little water, the drink could make the diarrhoea worse. If you use too much water, the drink will be less effective.

› Stir well, and give to the child to drink in a cup or feed with a spoon.

2

A child with diarrhoea needs food.

❍ It is often said that a child with diarrhoea should not be given any food or drink while the diarrhoea lasts. This advice is wrong. Food can help to stop the diarrhoea. Also, diarrhoea can lead to serious malnutrition unless parents make a special effort to keep feeding the child during and after the illness.

❍ A child with diarrhoea usually has less appetite, so feeding may be difficult at first. But the child should be tempted to eat - as frequently as possible - by offering small amounts of his or her favourite foods.

❍ After the age of about six months, all children need extra food in addition to breastmilk. They should be given soft, well-mashed mixes of cereal and beans, or cereal and well-cooked meat or fish. Add one or two teaspoonfuls of oil to cereal and vegetable mixes if possible. Also good for the child are yoghurt and fruits. Foods should be freshly prepared and given to the child five or six times a day. This diet should be continued if the child has diarrhoea.

3

When a breastfed child has diarrhoea, it is important to continue breastfeeding.

❍ Mothers are sometimes advised to give less breastmilk if a child has diarrhoea. This is wrong advice. Breastfeeding should continue - and if possible the child should be fed more often.

❍ If the child is being fed on milk-powder solutions or cow's milk, then feeding should continue as usual.

4

A child who is recovering from diarrhoea needs an extra meal every day for at least two weeks.

❍ Extra feeding after the diarrhoea stops is vital for a full recovery. At this time, the child has more appetite and can eat an extra meal a day for at least a week. This will help the child to catch up on the food 'lost' while the child was ill and the appetite was low. A child is not fully recovered from diarrhoea until he or she is at least the same weight as when the illness began.

❍ Breastfeeding more frequently than usual also helps to speed up recovery.

5

Trained help is needed if diarrhoea is more serious than usual, if it persists for more than two weeks, or if there is blood in the stool.

❍ Parents should seek help from a health worker without delay if the child:

- has a fever
- is extremely thirsty
- will not eat or drink normally
- vomits frequently
- passes several watery stools in one or two hours
- passes blood in the stool (a sign of dysentery)
- if the diarrhoea persists for more than two weeks.

❍ If a child has any of these signs, qualified medical help is needed quickly. The doctor or health worker will give the child a drink made with special oral rehydration salts (*see box*). In the meantime, keep trying to make the child drink liquids.

6

Medicines other than ORS should not be used for diarrhoea, except on medical advice.

❍ Most medicines for diarrhoea are either useless or harmful. The diarrhoea will usually cure itself in a few days. The real danger is usually not the diarrhoea but malnutrition and the loss of liquids from the child's body.

❍ Do not give a child tablets or other medicines for diarrhoea unless these have been prescribed by a trained health worker.

❍ Antibiotics should be given - after seeking medical advice - if a child has diarrhoea with blood in the stool. Other drugs should not be used.

7

Diarrhoea can be prevented by breastfeeding, by immunizing all children against measles, by using latrines, by keeping food and water clean, and by washing hands before touching food.

❍ Diarrhoea is caused by germs from faeces entering the mouth. These germs can be spread in water, in food, on hands, on eating and drinking utensils, by flies, and by dirt under fingernails. To prevent diarrhoea, the germs must be stopped from entering the child's mouth.

❍ Poverty and lack of basic services such as clean drinking water mean that many families find it difficult to prevent diarrhoea. But the most effective ways are to:

› give breastmilk alone for about the first six months of a baby's life (breastmilk helps to protect babies against diarrhoea and other illnesses)

› at the age of about six months, introduce clean, nutritious, well-mashed, semi-solid foods and continue to breastfeed

› if a milk-powder solution or cow's milk has to be used, give it to the child from a cup rather than a bottle

› use the cleanest water available for drinking (water from wells, springs or rivers should be brought to the boil and cooled before use)

› always use latrines to dispose of faeces, and be sure to put children's faeces in a latrine immediately (or bury them). (Children's faeces are even more dangerous to health than those of adults)

› wash hands with soap and water immediately after using the latrine and before preparing or eating food

› cover food and drinking water to protect it from germs

› if possible, food should be thoroughly cooked, and prepared just before eating. It should not be left standing, or it will collect germs

› bury or burn all refuse to stop flies spreading disease.

❍ Measles frequently results in serious diarrhoea. Immunization against measles therefore also protects a child against this cause of diarrhoea. There is no vaccine to prevent ordinary diarrhoea.

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What every family and community has a right to know about

Coughs and Colds

Note to communicators

Coughs and colds can indicate pneumonia, which kills approximately 2 to 3 million children each year (not counting the 1 million pneumonia deaths which are a result of measles and diphtheria and which can be prevented by immunization).

The four prime health messages in this chapter could help parents to save most of those lives, at very low cost.

All parents should now know what to do about coughs and colds - and when it is essential to get trained medical help. All health workers should now have access to the low-cost drugs that can prevent pneumonia deaths.

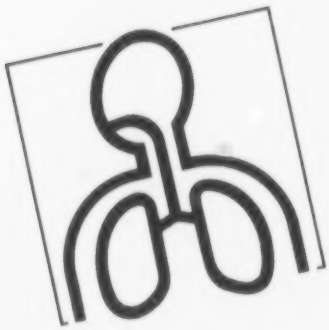
Coughs and Colds
Prime Messages

1 If a child with a cough is breathing much more rapidly than normal, then the child is at risk. It is essential to get the child to a clinic quickly.

2 Families can help prevent pneumonia by making sure that babies are breastfed for at least the first six months of life and that all children are well nourished and fully immunized.

3 A child with a cough or cold should be helped to eat and to drink plenty of liquids.

4 A child with a cough or cold should be kept warm but not hot, and should breathe clean, non-smoky air.



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Coughs and Colds Supporting Information

1

If a child with a cough is breathing much more rapidly than normal, then the child is at risk. It is essential to get the child to a clinic quickly.

❍ Most coughs and colds, sore throats and runny noses, will get better by themselves. But sometimes pneumonia develops and threatens the child's life. Millions of child deaths from pneumonia could be avoided if:

› parents know when a cough or cold is becoming a serious infection that needs medical attention

› medical help and low-cost drugs are available.

❍ Parents of a child with a cough should know that it is essential to get the child to a clinic or a trained health worker quickly if:

› the child is breathing much more rapidly than normal (over 50 times a minute).

› the lower part of the child's chest (the area between the two halves of the child's ribcage) goes in as the child breathes in instead of expanding outwards as normal

› the child is unable to drink anything.

❍ If a child is breathing normally, coughs and colds and runny noses can be treated at home without drugs. Most medicines sold for coughs and colds are useless or harmful.

2

Families can help prevent pneumonia by making sure that babies are breastfed for at least the first six months of life and that all children are well nourished and fully immunized.

❍ **Breastfeeding**

Breastmilk helps to protect against infections. On average, babies who are bottle-fed have twice as many bouts of pneumonia as babies who are breastfed. It is particularly important to give breastmilk alone for about the first six months of a baby's life.

❍ **Feeding**

At any age, a child who is well fed is less likely to become seriously ill or to die because of pneumonia.

❍ **Vitamin A**

Vitamin A, from orange or yellow fruits and dark-green leafy vegetables, also helps to protect against pneumonia.

❍ **Immunization**

Immunization should be completed before the child is one year old. The child will then be protected against some of the most common causes of serious respiratory infections, including whooping cough, tuberculosis and measles.

❍ **Crowding**

Overcrowding helps the spread of coughs and colds. At night, infants who are breastfed can sleep with the mother. But older children should be encouraged to sleep on their own.

3

A child with a cough or cold should be helped to eat and to drink plenty of liquids.

❍ Important things to remember when treating a child at home are to:

❍ **Continue feeding**

A breastfed child with a cough or cold may be difficult to feed. But feeding helps both to fight the infection and to protect the child's growth. So it is important to persist in frequent attempts to give breastmilk. Clearing the child's blocked nose will help the child to suck. If a child cannot suck, it is best to squeeze out the breastmilk and feed the child from a clean cup.

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Children who are not being breastfed should be coaxed into eating frequent small amounts. Periods of 'starvation' caused by illness and lost appetite are a major reason for poor growth. When the illness is over, a child should be fed an extra meal each day for a week. Recovery is not complete until the child is at least the same weight as when the illness began.

❍ **Give plenty of fluids**

All children with coughs and colds need to drink plenty of liquids.

4

A child with a cough or cold should be kept warm but not hot, and should breathe clean, non-smoky air.

❍ **Keep warm not hot**

Babies and very young children lose their heat easily, so it is important to keep them covered and warm, but not too hot or too tightly wrapped.

Fever is not always a sign of severe illness. But if a child has a fever, paracetamol (or other temperature-reducing medicine) can be given.

❍ **Help in breathing**

A child's nose should be frequently cleared, especially before breastfeeding or when being put to sleep. A moist atmosphere can help to ease breathing. It can also help if the child inhales water vapour from a bowl of hot but not boiling water.

The air in the child's room should be kept fresh by opening a door or window two or three times a day. But a child with a cough or cold should be kept away from draughts.

❍ **Clean air**

Children who live and sleep in smoky surroundings, either because of cooking fires or tobacco smoking, are more likely to get pneumonia. Tobacco smoke in the air that a child breathes can cause long-term damage to the child's health.

Spitting and sneezing by other people close to children also increases the risk. People with coughs and colds should be kept away from young babies.

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What every family and community has a right to know about

Hygiene

Note to communicators

More than half of all illness and death among young children is caused by germs which get into the child's mouth via food and water. The seven prime messages of this chapter can help families and communities to prevent the spread of germs and so reduce illness and deaths.

It is important to stress that these messages, to be fully effective, must be acted upon by everyone in the community.

In communities without latrines, without safe drinking water, and without safe refuse disposal, it is very difficult for families to prevent the spread of germs. It is therefore also vital for the government to support communities by providing - as a minimum - the materials and technical advice needed to construct latrines and improve drinking water supplies.

To demand such services, communities need to know the facts about how illness is spread.

Hygiene Prime Messages

1. Illnesses can be prevented by washing hands with soap and water after contact with faeces and before handling food.

2. Illnesses can be prevented by using latrines.

3. Illnesses can be prevented by using clean water.

4. Illnesses can be prevented by boiling drinking water if it is not from a safe piped supply.

5. Raw food is often dangerous. It should be washed or cooked. Cooked food should be eaten straight away - not left to stand. Warmed-up food should be thoroughly reheated.

6 Illnesses can be prevented by keeping food clean.

7 Illnesses can be prevented by burning or burying household refuse.

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Hygiene Supporting Information

1

Illnesses can be prevented by washing hands with soap and water after contact with faeces and before handling food.

❍ Washing hands with soap and water removes germs from the hands. This helps to stop germs from getting onto food or into the mouth. Soap and water should be easily available for all members of the family to wash their hands.

❍ It is especially important to wash hands after defecating, before handling food, and after cleaning the bottom of a baby or child who has just defecated. It is also important to wash hands after handling animals and after preparing raw foods.

❍ Children often put their hands into their mouths. So it is important to wash a child's hands often, especially before giving food.

❍ A child's face should be washed at least once every day. This helps to keep flies away from the face and to prevent eye infections. Soap is helpful for washing, but not absolutely essential.

2

Illnesses can be prevented by using latrines.

❍ The single most important action that families can take to prevent the spread of germs is to dispose of faeces safely. Many illnesses, especially diarrhoea, come from the germs found in human faeces. People can swallow these germs if the germs get into water, onto food, onto the hands, or onto utensils and surfaces used for preparing food.

❍ To prevent this happening:

› use latrines

› if it is not possible to use a latrine, adults and children should defecate well away from houses, paths, water supplies, and anywhere that children

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play. After defecating, the faeces should be buried. Contrary to common belief, the faeces of babies and young children are even more dangerous than those of adults. So even small children should be taken to use the latrine. If children defecate without using a latrine, then their faeces should be cleared up immediately and put down the latrine or buried

- latrines should be cleaned regularly and kept covered
- the faeces of animals should be kept away from homes and water sources.

3

Illnesses can be prevented by using clean water.

- Families who have a plentiful supply of safe piped water, and know how to use it, have fewer illnesses.
- Families without a safe piped water supply can reduce illnesses if they protect their water supply from germs by:
  - keeping wells covered
  - keeping faeces and waste water (especially from latrines) well away from any water used for cooking, drinking, bathing or washing
  - keeping buckets, ropes and jars used to collect and store water as clean as possible (for example by hanging up buckets rather than putting them on the ground)
  - keeping animals away from drinking water.
- Families can keep water clean in the home by:
  - storing drinking water in a clean, covered container
  - taking water out of the container with a clean ladle or cup
  - not allowing anyone to put their hands into the container or to drink directly from it
  - keeping animals out of the house.

4

Illnesses can be prevented by boiling drinking water if it is not from a safe piped supply.

- Even if water is clear, it may not be free from germs. The safest drinking water is from a piped supply. Water from other sources is more likely to contain germs.

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❍ Boiling water kills germs. So, if possible, water drawn from sources such as ponds, streams, springs, wells, tanks, or public standpipes should be brought to the boil and cooled before drinking. It is especially important to boil and cool the water that is given to babies and young children; they have less resistance to germs than adults.

❍ If boiling or disinfecting water is not possible, it can be made safer by using sunlight. Choose containers made of colourless or light blue glass or plastic. You must be able to see through them. Remove all labels, fill with the cleanest water available, and cover the containers to keep out dirt and insects. Put them in an open space where the sun can shine on them all day. Spread them out so that they do not shade each other. Leave the containers in the sunlight for at least a day. The longer the containers are in sunlight, the greater the chance that the water will be safe. This method of making water safer does not work on cloudy days.

5

Raw food is often dangerous. It should be washed or cooked. Cooked food should be eaten straight away - not left to stand. Warmed-up food should be thoroughly reheated.

❍ Thorough cooking kills germs. Food should be cooked right through - especially meat and poultry.

❍ Germs like warm food. Cooked food should be eaten as soon as possible after cooking so it does not have time to collect germs and cause illness.

❍ if food has to be kept for more than five hours, it should either be kept hot (above 60°c) or kept cooled (below 10°c)

❍ if cooked food is saved, it should be thoroughly reheated all the way through before being used again

❍ raw food, especially poultry, usually contains germs. Cooked food can be contaminated by even the slightest contact with raw food. So raw and cooked foods should always be kept away from each other. Knives, chopping boards, and food-preparing surfaces should always be cleaned after preparing raw food

❍ pasteurized or freshly boiled milk is safer than raw cow's milk

❍ if possible, food prepared for infants should be freshly made and not stored

❍ cloths for cleaning dishes or pans should be changed every day if possible and boiled before being used again.

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6

Illnesses can be prevented by keeping food clean.

❍ Germs on food can enter the body and cause illness. But food can be kept safe by:

› keeping food-preparing surfaces clean. Germs grow in spots of dirt or food

› keeping food clean and covered and away from flies, rats, mice, dogs, and other animals. Sealed containers are best.

7

Illnesses can be prevented by burning or burying household refuse.

❍ Germs can be spread by flies, which like to breed in refuse such as food scraps and peelings from fruit and vegetables. Every family should have a special pit where household refuse is buried or burned every day.

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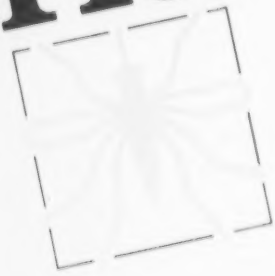
What every family and community has a right to know about

Malaria



Note to communicators

In areas where malaria is common, all families and communities should have access to today's information on preventing and treating the disease.

The six prime health messages in this chapter could help to prevent the tragedy of 100 million malaria cases each year, causing hundreds of thousands of child deaths and many more cases of child malnutrition.

Communicators should also be aware that the effective prevention of malaria depends upon community action and government support.

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Malaria Prime Messages

1. Young children should be protected from mosquito bites, especially at night.

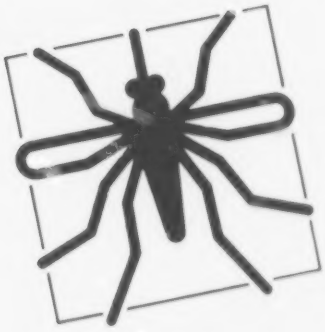
2. Communities should destroy mosquito larvae and prevent mosquitoes from breeding.

3. Wherever malaria is common, pregnant women should take anti-malarial tablets throughout pregnancy.

4. Wherever malaria is common, a child who has a fever should be taken immediately to a health worker. If malaria appears to be the cause, the child should be given a full course of an anti-malarial drug.

5 A child with a fever should be kept cool but not cold.

6 A child recovering from malaria needs plenty of liquids and food.



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Malaria Supporting Information

1

Young children should be protected from mosquito bites, especially at night.

❍ Malaria is spread by the bite of a mosquito. Care should be taken to keep mosquitoes away from young children. There are several ways of doing this:

- by using bed nets (preferably impregnated with a mosquito repellent)
- by using fumigants such as mosquito coils
- by putting screens on house windows and doors
- by killing mosquitoes in the house.

❍ All members of the community should be protected against mosquito bites. A mosquito can take malaria from an infected person and pass it on to someone who is uninfected.

2

Communities should destroy mosquito larvae and prevent mosquitoes from breeding.

❍ Mosquitoes breed wherever stagnant water can collect: in ponds, swamps, pools, pits, drains, sometimes even tin cans and hoof-prints. They may also breed along the edges of streams, in overhead tanks, and in rice fields. Filling in or draining places where water collects can kill the mosquito larvae. Overhead tanks can be covered. The larvae in rice fields can be killed by alternately drying out the field and introducing larvae-eating fish into the water.

❍ Regular clean-ups of the neighbourhood help to reduce mosquito breeding.

3

Wherever malaria is common, pregnant women should take anti-malarial tablets throughout pregnancy.

❍ Pregnant women are more than twice as likely to suffer from malaria. The disease is also more dangerous during pregnancy. It can lead to severe anaemia ('thin blood'), and may cause a miscarriage, premature birth, or stillbirth. Babies born to women with malaria are also very likely to be small, weak, and vulnerable to infections.

❍ Pregnant women can be effectively protected against malaria by taking anti-malarial tablets regularly throughout pregnancy.

❍ Anti-malarial tablets should be obtained from a clinic or health worker as not all anti-malarials are safe to take during pregnancy.

4

Wherever malaria is common, a child who has a fever should be taken immediately to a health worker. If malaria appears to be the cause, the child should be given a full course of an anti-malarial drug.

❍ A child with a fever, believed to be caused by malaria, should be given a course of anti-malarial tablets (young babies may be given an anti-malarial syrup). Treatment for malaria should begin immediately. Even a day's delay can be fatal. A health worker can advise on what type of treatment is best and how long it should last.

❍ A child should be given the full course of treatment, even if the fever disappears rapidly.

❍ If the symptoms continue, the child should be taken to a health centre or hospital - the malaria may be resistant to the drugs.

5

A child with a fever should be kept cool but not cold.

❍ Children with fever should be kept cool by:

› giving a temperature-reducing medicine (such as paracetamol)

› sponging or bathing with cool (not cold) water

› not putting too many clothes or blankets on the child.

6

A child recovering from malaria needs plenty of liquids and food.

❍ Malaria burns up energy, and the child loses a lot of liquid through sweating. As soon as the child can take food and drink again, these losses should be replaced. Plenty of food and liquid, when the child is recovering from malaria, will help to prevent malnutrition and dehydration.

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What every family and community has a right to know about

Aids

Note to communicators

Acquired immunodeficiency syndrome, or AIDS, is a new global problem. Every nation is threatened by it, and as many as 13 million people may already be infected with the AIDS virus worldwide. The virus which causes AIDS is called the human immunodeficiency virus (HIV). It kills by damaging the body's defences against other diseases. There is no known cure.

Increasing numbers of babies are being born with HIV. In addition, millions of uninfected children will be orphaned by AIDS during the 1990s.

The five prime health messages in this chapter, if known about and acted on by all, could drastically reduce the future scale of this tragedy.

At the moment, the only effective weapon against the spread of AIDS is public education. That is why every person in every country should know how to avoid getting and spreading HIV.

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AIDS Prime Messages

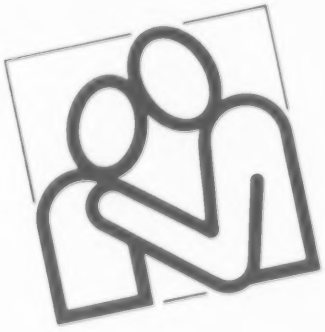
1 AIDS is an incurable disease. It is caused by a virus which can be passed on by sexual intercourse, by infected blood, and by infected mothers to their unborn children.

2 People who are sure that both they and their partner are uninfected and have no other sex partners are not at risk from AIDS. People who know or suspect that this might not be the case should practise safer sex. This means either sex without intercourse (penetration), or intercourse only when protected by a condom.

3 Any injection with an unsterilized needle or syringe is dangerous.

4 Women infected with HIV should think carefully about having a baby - and seek advice. There is a one-in-three chance that their babies will also be born infected with HIV.

5 All parents should tell their children how HIV is spread.



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AIDS Supporting Information

1

AIDS is an incurable disease. It is caused by a virus which can be passed on by sexual intercourse, by infected blood, and by infected mothers to their unborn children.

❍ AIDS is caused by a virus known as the human immunodeficiency virus (HIV). HIV damages the body's defence system. People who have AIDS die because their body can no longer fight off other serious illnesses.

❍ People infected with HIV usually go for many years without any signs of disease. They may look and feel perfectly normal and healthy for all of that time. But anybody infected with HIV can infect others.

❍ AIDS is the late stage of HIV infection. It takes an average of 7 to 10 years to develop - from the time when a person is first infected with HIV. AIDS is not curable, although some medicines have been developed to keep people with AIDS healthier for longer.

❍ Anyone who suspects that he or she may be infected with HIV should contact a health worker or an AIDS testing centre. It is vital for those who have the virus to learn how to avoid passing it to others, and to receive advice about how to take care of their own health.

HIV can only be passed from one person to another in a limited number of ways:

- by sexual intercourse, during which the semen or vaginal fluid of an infected person passes into the body of another person. HIV can be passed in this way from man to man, man to woman, and woman to man. Worldwide, nine out of ten infections in adults have been passed on through sexual intercourse
- by the use of unsterilized needles or syringes for injecting drugs
- by blood transfusions, if the blood used has not been tested for HIV
- by an infected woman to her unborn child.

❍ If a mother is infected with HIV, then there is a risk that breastfeeding may give the virus to her baby. But where other diseases and malnutrition are a common cause of death in babies, not breastfeeding is a much greater risk. Without safe water, sterile bottles and teats, and enough milk- powder, bottle-fed babies are much more likely to become ill and malnourished, and to die, than babies who are breastfed. In such conditions, it is safer for the child to be breastfed even if the mother is infected with HIV.

❍ It is not possible to get HIV from being near to or touching those who are infected with the virus. Hugging, shaking hands, coughing and sneezing will not spread the disease. HIV cannot be transmitted by toilet seats, telephones, plates, glasses, spoons, towels, bed linen, swimming pools, or public baths.

❍ A person infected with HIV is not a public health danger.

2

People who are sure that both they and their partner are uninfected and have no other sex partners are not at risk from AIDS. People who know or suspect that this might not be the case should practise safer sex. This means either sex without intercourse (penetration), or intercourse only when protected by a condom.

❍ Mutual fidelity between two uninfected partners protects both people from HIV.

❍ The more sex partners you have, the greater the risk that one of them will be infected and can infect you. The more partners your partner has, the greater the risk that he or she will be infected and can infect you.

❍ People who have genital sores, ulcers, or inflammation, or a discharge from the vagina or penis, are at greater risk of becoming infected with HIV and of passing it to others. Prompt treatment for all genital infections is therefore very important.

❍ Unless you and your partner have sex only with each other, and are sure you are both uninfected, you should reduce your risk of HIV by practising safer sex. Safer sex means kissing, caressing and other kinds of non-penetrative sex (where the penis does not enter the mouth, vagina or anus), or using a condom (a sheath or rubber) every time you have intercourse.

❍ Even if a condom is used, anal intercourse (in which the penis enters the rectum or back passage) is much more risky than vaginal or oral penetration.

❍ The only way to avoid any sex risk is to abstain from sex.

3

Any injection with an unsterilized needle or syringe is dangerous.

❍ A needle or syringe can pick up small amounts of blood from the person being injected. If that person's blood contains HIV, and if the same needle or syringe is used for injecting another person without being sterilized first, then HIV can be injected.

❍ Those who inject themselves with drugs are therefore particularly at risk from AIDS. So are people who have sex with those who inject drugs.

Drug injecting is in itself dangerous. But because of the additional risk of HIV, those who do inject drugs should never use another person's needle or syringe or allow their own needle or syringe to be used by anyone else.

❍ National child immunization programmes use needles which are sterilized between each use and are therefore safe. All infants should be taken for a full course of immunizations in the first year of life.

❍ Other injections are often unnecessary, as many useful medicines can be taken by mouth. Where injections are necessary, they should be given only by a trained person using a sterilized needle and syringe.

❍ Ear-piercing, dental treatment, tattooing, facial marking and acupuncture are not safe if the equipment used is not sterilized. It is also not safe to be shaved by a barber using an unsterilized razor.

4

Women infected with HIV should think carefully about having a baby - and seek advice. There is a one-in-three chance that their babies will also be born infected with HIV.

❍ Women with HIV infection have about a 30% chance of giving birth to a baby who will also be infected with HIV. Most babies infected with the virus will die before they are three years old.

❍ In some countries, HIV tests are available to couples who are concerned that one or both of them might be infected. The results can help them decide whether to have children. Even if only the man is infected, the woman may become infected through sexual intercourse while attempting to conceive, thereby putting herself and her baby at risk.

5

All parents should tell their children how HIV is spread.

❍ Apart from protecting yourself and your partner, you can also help to protect your children against HIV by making sure they know the facts about how to avoid getting and spreading the infection.

❍ Children also need to know the facts about how HIV *does not* spread. They need to be reassured that they run no risk of getting the virus from ordinary social contact with HIV-infected children or adults. Children should be encouraged to be sympathetic towards people who are infected with HIV.

❍ Everyone can help in the worldwide effort to stop HIV from spreading to the new generation.

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What every family and community has a right to know about

Child Development

Note to communicators

Babies begin to learn rapidly from the moment they are born. By the end of the second year of life, most of the growth of the human brain is already complete. The first few years are also vital for the development of behaviour and personality.

The seven prime messages in this chapter can help parents to ensure that their children grow up happy, well behaved and well balanced - and to build the foundations for a child to learn well at school.

Child Development Prime Messages

1 Babies begin to learn rapidly from the moment they are born. By age two, most of the growth of the human brain is already complete. For good mental growth, the child's greatest need is the love and attention of adults.

2 Play is important to a child's development. By playing, a child exercises mind and body, and absorbs basic lessons about the world. Parents can help a child to play.

3 Children learn how to behave by imitating the behaviour of those closest to them.

4 Young children easily become angry, frightened, and tearful. Patience, understanding, and sympathy with the child's emotions will help the child to grow up happy, well balanced, and well behaved.

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5 Children need frequent approval and encouragement. Physical punishment is bad for a child's development.

6 The foundations of learning well in school can be built by the parents in the earliest years of a child's life.

7 A parent is the best observer of a child's development. So all parents should know the warning signs which mean that a child is not making normal progress and that something may be wrong.

Child Development Supporting Information

1

Babies begin to learn rapidly from the moment they are born. By age two, most of the growth of the human brain is already complete. For good mental growth, the child's greatest need is the love and attention of adults.

❍ A baby's five senses - sight, smell, hearing, taste, touch - are all working from the moment of birth. And from the moment of birth, a baby begins learning about the world.

❍ From birth, one of the greatest needs of all children is to be talked to, touched, cuddled, hugged, to see familiar faces and expressions and to hear familiar voices, and to see that others will respond to them. Children also need new and interesting things to look at, listen to, watch, hold, and play with. This is the beginning of learning. Human voices are the most important thing for the baby to hear. Human faces are the most important thing for the baby to see. Babies should not be left on their own for long periods of time.

❍ If a child has plenty of love and attention, and babyish play, as well as good nutrition and health care, then the child's mind will also grow well.

2

Play is important to a child's development. By playing, a child exercises mind and body, and absorbs basic lessons about the world. Parents can help a child to play.

❍ Children play because it is fun. But it is now known that play is also an important part of a child's development.

❍ By playing with simple objects and imitating the world of adults, children begin to learn about the world around them. Play also helps develop the skills of language, thinking, and organizing.

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Children learn by trying things out, comparing the results, asking questions, setting themselves new challenges, and finding ways to succeed. Play builds knowledge and experience, and helps a child to grow in curiosity, confidence, and control.

❍ Parents can help a child's play - and learning - by providing things to play with and suggesting new things for the child to try to do. But parents should not control or dominate the child's play too much. They should watch closely and follow the child's ideas and wishes.

Parents can help a child to do what he or she wants to do; but if parents do too much then the child loses the chance to learn by trying to do things for himself or herself. Children learn most from trying to do something and failing and then trying a different way and succeeding.

❍ When a very young child insists on trying to do something for himself or herself, parents should be patient. As long as the child is protected from danger, struggling to do something new and difficult is a necessary step in the child's development - even if it means some frustration. A little bit of frustration helps a child to learn and master new skills. Too much frustration can be discouraging and gives the child a sense of failure. Parents are the best judge of when to offer help and when to leave children to find their own solutions.

❍ Children love to dress up and pretend to be someone else - mother, father, teacher, doctor, or some imaginary character. This kind of play is also important. It helps the child to understand and accept the ways in which other people behave. It also helps to develop the child's imagination. Parents can encourage these 'let's pretend' games by giving children old clothes, hats, bags, beads, or pieces of fabric to play with and dress up in.

❍ Children sometimes need to play alone. But sometimes they need to play with adults as well. Talking to infants, repeating words and sounds, singing, music, nursery rhymes, repetitive babyish games - all of these are vital to the child's happiness and normal growth and development.

3

Children learn how to behave by imitating the behaviour of those closest to them.

❍ The example set by adults and older children is more powerful than words or 'orders' in shaping the growing child's behaviour and personality. If adults show their anger by shouting, aggression, and violence, children will learn that this is the right way to behave. If adults treat children and others with kindness, consideration, and patience, children will follow their example.

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❍ Children under the age of about four years are naturally self-centred. Only gradually do they learn to share and consider others. Selfish and unreasonable behaviour is normal in young children because they are emotionally as well as physically immature. As they grow up, children will learn to be unselfish and reasonable if others are unselfish and reasonable with them. They will learn to treat others as they themselves have been treated.

4

Young children easily become angry, frightened, and tearful. Patience, understanding, and sympathy with the child's emotions will help the child to grow up happy, well balanced, and well behaved.

❍ A child's emotions are very real and powerful, even if they sometimes seem unreasonable to adults. Children may be frightened of strangers, or of the dark, or they may be very upset and cry about something very small. Or they may become unreasonably frustrated and angry if they are unable to do something or if they are told they cannot have something they want.

Parents need to understand and sympathize with the child's emotions. If crying or anger or fearfulness is laughed at or punished or ignored, children may grow up shy, withdrawn, and unable to express emotions in a normal way. If parents are patient and kind when a child is struggling with strong emotions, the child is more likely to grow up happy and well balanced.

❍ Young children sometimes appear to lie because they cannot yet tell the difference between the real world and the world of the imagination.

❍ When a child does something wrong or unacceptable, it should be pointed out firmly but calmly that this is not the way to behave. Simple and reasonable explanations should be given. Children remember explanations and rules given to them by adults whom they love and wish to please. Gradually they come to accept these examples and explanations as the basis for their own actions. It is in this way that the child comes to have a conscience and to understand the difference between right and wrong.

❍ Crying is a young child's way of saying that something is wrong. Maybe the child is hungry, or tired, or in pain or discomfort, or too hot or too cold, or has been startled, or needs to be held and cuddled. Crying should not be ignored.

❍ Some babies cry a lot and nothing seems to comfort them. Usually, this kind of crying begins at the age of three or four weeks and often

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happens at the same time each day. This may go on for up to three months. The cause of this kind of crying is not known. It does not seem to harm the child.

❍ Young children soon outgrow their fears if they have confidence that their home is safe and that they are loved and protected by their parents or other familiar adults.

5

Children need frequent approval and encouragement. Physical punishment is bad for a child's development.

❍ If parents show approval of a child's behaviour, this encourages a child to be good. So it is important for parents to look out for good behaviour and to show their pleasure and approval. This is a much better way of teaching a child to behave than constant criticism, shouting, and punishment.

❍ Parents should show their delight when a child learns a new skill, however small. If the child receives no encouragement, or too much criticism, the desire to learn and develop new skills is reduced.

❍ Physical punishment is bad for children. It makes children more likely to grow up being unreasonable and violent towards others. It can also make children frightened, and this can destroy the child's natural desire to please and to learn from his or her parents and teachers.

6

The foundations of learning well in school can be built by the parents in the earliest years of a child's life.

❍ In the earliest years of life, parents can help build the foundations for successful learning in school. From birth, a child who feels loved, secure, and approved of is more likely to have the desire and the confidence to learn rapidly.

Parents can also help a child to learn by playing. All children need simple play materials so that there is always something to do or to explore at each new stage of the child's development. This need not cost a lot of money. Water, sand, cardboard boxes, containers, wooden building blocks, safe household items, objects of different colours, a ball and many traditional playthings are just as good as shop-bought toys. Whenever it is possible and safe, children should be allowed to make their own decisions. They learn best from their own successes and their own mistakes. Parents should try to guide but not control the child's play.

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❍ Preschool and child-care programmes can help prepare a child to learn well at school - if they provide lots of care and attention and a variety of play activities to help a child develop skills.

❍ Too much pressure on a child to learn and to do well in school is not helpful. Teaching things like reading and writing and numbers at too early an age is like trying to build the top of a building first. Like a building, a child's capacity for learning grows in stages, each stage built upon the last. The child learns best if parents and school teachers provide the opportunity to learn whatever is appropriate at each stage. To do this requires skill and patience. It means watching very closely and knowing when a child is becoming too frustrated or too bored. And it means constantly providing new opportunities and just the right kind of new challenges and interests for the child to continue his or her own learning process.

❍ Learning to speak and understand language is one of the most important and complicated tasks facing young children. They learn best if parents are constantly helping, right from birth, by talking, singing songs and nursery rhymes, pointing at things or people and giving them names, asking questions, and reading or telling stories as soon as the child is able to understand. Children are able to understand language long before they can speak.

It is possible to have 'conversations' with a child from the very earliest age. It does not matter how simple or babyish the conversation is. What matters is 'bathing the child in words'. The child needs to respond to words and sounds and to see others respond to his or her own attempts at sounds and words. When a child begins to make sounds, words, and sentences, parents should show their delight and encourage the child to build on the things that have been learnt.

❍ Children learn to speak at different ages. In general, they begin to talk from about the age of one and can use complete sentences by the age of four. By age six, all the basics of language have usually been learned. Encouragement and practice during these first six years is very important to the child's later success in learning to speak, read and write, and to do well at school.

❍ There is no difference between the physical, mental, and emotional needs of boy and girl children. Both have the same need for play and the same capacity for all kinds of learning - and both have the same need for expressions of love and approval.

7

A parent is the best observer of a child's development. So all parents should know the warning signs which mean that a child is not making normal progress and that something may be wrong.

❍ Some children progress more slowly than others, and this in itself need not be a cause for alarm.

❍ The following is a parents' guide to what children should be able to do at three months, twelve months, two years, four years, and five years of age. If a child cannot do these things at the right age, this does not necessarily mean that there is a serious problem. But it does mean that the matter should be discussed with a health worker.

At three months, does your child:

turn head towards bright colours and lights?

move eyes to loud sounds?

make fists with both hands?

wiggle and kick with legs and arms?

smile?

make cooing sounds?

At twelve months, does your child:

sit without support?

crawl on hands and knees?

get up to standing position (with support)?

pick things up with thumb and one finger?

follow simple directions?

give affection?

say two or three words?

At two years, does your child:

use two- or three-word sentences?

recognize familiar people and objects?

carry an object while walking?

repeat words that others say?

feed himself or herself?

identify hair, ears and nose by pointing?

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At four years, does your child:

balance on one foot?

play simple games with others?

ask questions?

answer simple questions?

show different emotions?

wash hands alone?

point to six basic colours?

At five years, does your child:

speak clearly?

dress without help?

copy a circle, square, triangle?

count five to ten objects?

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National versions of Facts for Life

Facts for Life has been translated into 176 languages. It has also been widely adapted. Governments and/or non-governmental organizations have tailored the text to fit specific national or local needs. With the help of leading national figures in child health, chapters have been added or substituted in order to include information on subjects as varied as smoking, drug abuse, schistosomiasis, handpump maintenance, dental hygiene, accidents, disabilities, and sexually transmitted disease. Some examples:

Country/Translation/Adaptation	Available from:
International *English* and *French* adaptation "Children for Health" for teachers, youth leaders and health personnel; additional topics include safety, family food supply, malaria/fever, and children as communicators; produced by UNICEF and Child-to-Child.	UNICEF House - DH40, Facts for Life Unit, 3 UN Plaza, New York, NY 10017, USA or Child-to-Child, Institute of Education, 20 Bedford Way, London WC1H 0AL, UK.
Afghanistan *Dari* and *Pashto* language versions produced in cooperation with UNESCO.	UNICEF, PO Box 54, Kabul, Afghanistan.
Angola *Kimbundo, Umbundu, Kikongo, Oshiwambo, Bunda* and *Chokwe* versions to be produced in collaboration with ENI. Three *Facts for Life* topics produced as children's storybooks for literacy activities.	UNICEF, Caixa Postal 2707, Luanda, People's Republic of Angola.
Bangladesh Second edition *Bangla* version now available with chapter added on iodine deficiency disorders; *Facts for Life* messages widely spread through rural roving poets.	UNICEF, PO Box 58, Dhaka, People's Republic of Bangladesh.
Belize Plans to develop a "Family Facts for Life Encyclopedia", an integrated package of both printed and audio materials; see Guatemala for more information.	UNICEF, PO Box 1084, Belize City, Belize, Central America.
Benin *Waama, Baatonu, Yoruba, Aja, Gun, Fon* and *Yom* translations.	UNICEF, BP 2289, Cotonou, Republic of Benin.
Bhutan *Dzonghka* version with chapters added on leprosy and TB.	UNICEF, PO Box 239, Thimphu, Bhutan.
Bolivia *Bolivian Spanish* version; adaptation for Armed Forces personnel with chapters added on paternity and transmission of sexual diseases; *Aymara, Quechua* and *Guarani* translations available in 1993.	UNICEF, Fondo de las Naciones Unidas para la Infancia, Casilla de Correo No. 10728, La Paz, Bolivia.

Brazil
Portuguese translation.

UNICEF, Caixa Postal 040-084, 70072, Brasilia D.F., Brazil.

Burkina Faso
Moore, Jula, Fulfulde and *Gulmacema* adaptations.

UNICEF, BP 3420, Ouagadougou 01, Burkina Faso.

Burundi
Kirundi adaptation entitled "Tumenye Kugarukira Ubuzima"; individual booklets printed by Ministry of Health on immunization, AIDS and diarrhoea.

UNICEF, BP 1650, Bujumbura, Burundi.

Caribbean
Facts for Life messages available in comic strip format, comic magazines, animated cartoons and films.

UNICEF PO Box 1232, Bridgetown, Barbados .

Chad
Chadian Arabic translation.

UNICEF, BP 1146, N'djamena, Republic of Chad.

Chile
Regional version for Latin America being developed, composed of four sections: health, nutrition, child development and protection, and special care; additional topics include skin illnesses, parasites, home accidents, women's mental health, oral health, cholera, contraceptives, community and food security, food hygiene, children's emotional development, child abuse, alcoholism, children and TV, drugs, environment care, adoption.

UNICEF, Casilla 196, Correo 10, Santiago, Chile.

China
Chinese adaptation entitled "Sheng Ming Zhi Shi" or "Knowledge of Life". Child Development Centre of China produced this version in *Han, Uygur, Kazak, Mongolian, Dai, Jingpo, Naxi, Hani, Lisu, Wa, Korean, Tibetan, Dedai, Yi, Bai, Miao, Lagu, Xibo* and *Herks*; audio versions also produced in *Miao, Tujia, Han, Buyi* and *Dong*. *Chinese* version *All for Health* also available.

UNICEF, 12 Sanlitun Lu, Beijing 100600, People's Republic of China.

Costa Rica
Plans to develop a "Family Facts for Life Encyclopedia", an integrated package of both printed and audio materials for use with Bri Bri indigenous population; see Guatemala for more information.

UNICEF, Apartado Postal 490-1000, San Jose, Costa Rica, Central America.

Cote d'Ivoire
Koranic Schools producing adaptation.

UNICEF, Boite Postal 443, Abidjan 04, Republique de Côte d'Ivoire.

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Djibouti *French* adaptation.	UNICEF, PO Box 583, Djibouti, Republic of Djibouti.
Egypt *Arabic* and *English* adaptations with chapters added on early child development, bilharzia, accidents, and a panel on girls' education.	UNICEF, 8 Adnan Omar Sidky Street, Dokki, Cairo, Egypt.
Equatorial Guinea Adaptation with graphics developed for use in community education literacy activities.	UNICEF, PO Box 490, Malabo, Equatorial Guinea.
Ethiopia *Amharic* adaptation.	UNICEF, PO Box 1169, Africa Hall, Addis Ababa, Ethiopia.
Fiji *Fijiian* and *Fiji-Hindi* adaptations.	UNICEF, c/o UNDP, Private Mail Bag, Suva, Fiji.
Ghana *Ghanaian* adaptation produced in *English*, *Ga*, *Ewe*, *Fantsi*, *Akwapim Twi*, *Dagbani* and *Kassem*.	UNICEF, PO Box 5051, Accra-North, Ghana, West Africa.
Guatemala Plans to develop a "Family Facts for Life Encyclopedia", an integrated package of both printed and audio materials for use with indigenous populations in *Huehuetenago* and *Quiche*; additional topics will include cholera, adolescent health, women's health including self-esteem, menopause, nutrition, home accidents, disabled children and possibly water, sanitation and the environment; UNICEF offices in Belize, Costa Rica and Panama have indicated interest to develop adaptations for special population groups.	UNICEF, Apartado Postal 525, Guatemala City, Guatemala, Central America.
Guinea *Susu*, *Pular* and *Manika* translations, NKO alphabet for Mandinka, Harmonized Arabic Alphabet for Koranic schools as literacy tool.	UNICEF, PO Box 222, Conakry, Republic of Guinea.
Guinea -Bissau *Creolo* adaptation.	UNICEF, Apartado 464, 1034 Bissau Codex, Bissau, Republic of Guinea-Bissau.
Haiti *Creole* translation.	UNICEF, PO Box 1363, Port-au-Prince, Haiti.
Honduras National version.	UNICEF, Aparto Postal 2850, Tegucigalpa MDC, Honduras, Central America.

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India *English, Hindi, Bengali, Kannada, Malayalam, Oriya, Tamil* and *Telegu* adaptations; chapters added on TB and leprosy.	UNICEF, 73 Lodi Estate, New Delhi 110 003, India.
Indonesia *Indonesian* adaptation entitled "Pedoman Hidup Sehat".	UNICEF, PO Box 1202, Jakarta, 10012 Indonesia.
Iran *Farsi* translations of both *Facts for Life* and *All for Health*; separate versions for provincial editions and Ministry of Education; adaptation of *Facts for Life* into nine individual readers for literacy movement.	UNICEF, PO Box 15875-4557, Tehran, Islamic Republic of Iran.
Iraq *Iraqi Arabic* version; local language translations to be developed.	UNICEF, PO Box 10036, Karradah, Baghdad, Iraq.
Kenya *Facts for Life* messages in children's cartoon magazine, "Pied Crow". Kenyan version in *Kiswahili, Dholuo* and *Luhya* to be developed.	UNICEF, PO Box 44145, Nairobi, Kenya.
Korea, Democratic People's Republic of National adaptation.	UNICEF, c/o UNDP, United Nations House, Seoul, Republic of Korea.
Lao PDR *Lao* adaptation with additional chapter on goitre.	UNICEF, PO Box 1080, Vientiane, Lao PDR.
Lesotho National adaptation.	UNICEF, Private Bag A171, Maseru, Lesotho.
Liberia National adaptation planned.	UNICEF, PO Box 10-0460, 1000 Monrovia 10, Liberia.
Madagascar *Malagasy* adaptation entitled "Ny Fanabeazana no Antoky Ny Fahasalamana".	UNICEF, PO Box 732, Antananarivo, Democratic Republic of Madagascar.
Malawi *Chichewa* translation: also produced as leaflets on individual topics.	UNICEF, PO Box 30375, Lilongwe 3, Malawi.
Malaysia *English* and *Malaysian* adaptations with topics added on dengue, early child development and accidents.	UNICEF, PO Box 12544, 50782 Kuala Lumpur, Malaysia.
Maldives *Dhivehi* adaptation: also issued as separate leaflets on seven topics.	UNICEF, Maaveyodhoshuge, Maaveyo Magu, Male, Republic of Maldives.
Mali *Bamanam* translation; *Sonrai* and *Tamacheq* translations to be developed.	UNICEF, BP 96, Bamako, Republic of Mali.

Mexico
Mexican adaptation issued by Ministry of Health with chapters added on accidents, adult health, working women and '12 steps in communication'; *Mixteco* translation also produced.

UNICEF, Apartado Postal 10-1022, Mexico D.F., Mexico.

Mongolia
National adaptation in partnership with Ministry of Health plus Family Health Education package.

UNICEF, c/o UNDP, 7 Eldev-Ochir Street, Sukhebaatar Region, Ulaan Baatar, People's Republic of Mongolia.

Morocco
Individual booklets on *Facts for Life* topics: immunization, timing births, child growth, breastfeeding, safe motherhood, diarrhoea, oral hygiene, and AIDS; plans to translate some topics into *Berbere* (local dialect) on audio cassette.

UNICEF, 8 Charia Marrakech, Rabat, Morocco.

Mozambique
Top Ten messages produced in *Mozambican Portuguese, Xitswa, Xitsonga, Emakhuwa* and *Shimakonde*.

UNICEF, Caixa Postal 4713, Maputo, Republic of Mozambique.

Myanmar
Myanmar adaptation; *Kachin, Shan, Mon, Po Kayin, S'Gaw Kayin* and *Chin* versions available in 1994.

UNICEF, PO Box 1435 Yangon, Union of Myanmar.

Namibia
Pamphlets based on *Facts for Life* in *Nama-Damara, Oshiherero, Oshidonga, Kwanyama* and *Afrikaans*.

UNICEF, PO Box 1706, Windhoek, Namibia.

Nepal
Nepali, Maithili, Bhojpuri and *Newari* adaptations; chapters added on the environment, prevention of accidents, leprosy and TB.

UNICEF, UN Building, Pulchowk, Kathmandu, Nepal.

Nigeria
Hausa, Yoruba, Igbo and *Pidgin English* adaptations with chapter added on guinea worm; pictorial version; newspaper comic strips.

UNICEF, PO Box 1282, Lagos, Federal Republic of Nigeria.

Oman
Individual booklets on *Facts for Life* topics in *English* and *Arabic*.

UNICEF, PO Box 6787, Ruwi, Muscat, Sultanate of Oman.

Pakistan
Urdu translation; *Urdu* abridged adaptation; *Urdu* illustrated version for children; *Sindhi* translation; *Dari* and *Pashto* versions produced by UNESCO.

UNICEF, PO Box 1063, Islamabad, Pakistan.

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Panama Plans to develop a "Family Facts for Life Encyclopedia", an integrated package of both printed and audio materials for use with Gueymi indigenous population; see Guatemala for more information.	UNICEF, Apartado Postal 6917, Zona 5, Panama, Republic de Panama.
Papua New Guinea *English* and *Pidgin English* versions.	UNICEF, PO Box 472, Musgrave Street, Port Moresby, Papua New Guinea.
Philippines *English*, *Pilipino*, *Cebuano*, *Maranao*, *Ilocano*, *Hiligaynon*, *Tausug* and *Yakan* adaptations; chapters added on TB and iodine deficiency disorders.	UNICEF, PO Box 7429, Airmail Distribution Centre, NAIA, 1300 Pasay City, Philippines.
Rwanda *Kinyarwanda* translation entitled "Turwane Ku Buzima".	UNICEF, BP 381, Kigali, Rwanda.
Saudi Arabia Series of *Facts for Life* children's colouring books made available at health centres throughout the country.	UNICEF, PO Box 18009, Riyadh 11415, Saudi Arabia.
Sierra Leone National adaptation entitled "Health and Nutrition Education Handbook"; *Krio*, *Limba*, *Temne* and *Mende* translations.	UNICEF, c/o UNDP, PO Box 1011, Freetown, Sierra Leone.
South Africa *Zulu*, *Xhosa*, *Afrikaans*, *Setswana*, *Sotho*, *Sindebele*, *Sipedi*, *Siswati*, *Tsonga* and *Shagaan* adaptations; chapters added on bilharzia and the prevention of accidents - especially burns and poisoning.	UNICEF, c/o UNICEF Lusaka, PO Box 33610, Lusaka, Zambia.
Sri Lanka *Sinhala* translation entitled "Divi Surakina Denuma"; *Tamil* adaptation entitled "Uyir Kakkum Unmaikal"; malaria chapter expanded to include Japanese encephalitis, dengue haemorrhagic fever and filariasis; chapter added on home accidents.	UNICEF, PO Box 143, Colombo, Sri Lanka.
Sudan *Arabic* adaptation (third edition); *Facts for Life* Artists Manual in production; *Facts for Life* also integrated into water manual and school package.	UNICEF, PO Box 1358, Khartoum, Sudan.
Swaziland *Siswati* adaptation entitled "Emaciniso Ekuphila"; second edition to be released 1993 with chapters added on bilharzia, mental disability, oral hygiene and tuberculosis.	UNICEF, PO Box 1859, Mbabane, Swaziland.

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Syria National edition; children's version; working women's adaptation (produced in collaboration with Ministry of Culture for use in women's literacy classes); all versions in *Arabic* with extra messages on prevention of accidents; *English* and *Arabic* booklet of preventive health messages for youth based on *Facts for Life*, includes quizzes and games at the end of every chapter.	UNICEF, PO Box 9413, Damascus, Syrian Arab Republic.
Tanzania *Swahili* translation.	UNICEF, PO Box 4076, Dar-es-Salaam, United Republic of Tanzania.
Thailand *English* adaptations of both *Facts for Life* and *All for Health*; *Yawi* version *Facts for Life* developed by Thai Education Ministry; chapters added on mosquito-borne diseases, child mental health and early childhood development.	UNICEF, PO Box 2-154, Bangkok 10200, Thailand.
Togo *French*, *Ewe*, *Kabye*, *Tem* and *Ben* adaptations; chapters added on guinea worm, handpump maintenance and water and sanitation; three additional language versions to be developed in 1993.	UNICEF, PO Box 80927, Lomé, Togo.
Turkey *Turkish* adaptation entitled "Sagliga Ulastiran Gercekler"; chapters added on accidents and TB.	UNICEF, PKC 17 Çankaya, Ankara, Turkey.
Uganda National version available mid 1993; *Luganda* and *Runyankole Rukiga* translations available late 1993; all to include Uganda specific information on diarrhoea and AIDS.	UNICEF, PO Box 7047, Kampala, Republic of Uganda.
Vanuatu *Bislama* version produced by Save the Children and Vanuatu Ministry of Health.	Save the Children Fund Australia, Vanuatu Field Office, PO Box 283, Port Vila, Vanuatu.
Viet Nam *Vietnamese*, *Tay-Nung*, *Thai*, *H'Mong*, *Bana* and *Giarai* versions.	UNICEF Hanoi, c/o UNICEF Regional Office for East Asia and The Pacific, PO Box 2-154, Bangkok, Thailand.
Yemen *Yemen* version available 1993; booklets issued by Ministry of Health: "What your doctor says about diarrhoea, breastfeeding, hygiene, immunization"; 15 post literacy readers available on various *Facts for Life* topics.	UNICEF, PO Box 725, Sana'a, Republic of Yemen.

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Zaire *Lingala*, *Kiswahili*, *Chiluba* and *Kikongo* adaptations with chapters added on iodine deficiency disorders, onchoceriasis (river blindness), and trypanosomaise (sleeping sickness).	UNICEF, BP 7248, Kinshasa, Republic of Zaire.
Zambia *English*, *Nyanja*, *Bemba*, *Tonga*, *Lozi*, *Kaonde*, *Luvale* and *Lunda* adaptations with chapter added on cholera.	UNICEF, PO Box 33610, Lusaka, Republic of Zambia.
Zimbabwe *Shona* and *Ndebele* adaptations.	UNICEF, PO Box 1250, Harare, Zimbabwe.

Facts for Life: a progress report

A brief progress report on *Facts for Life* is now available from UNICEF in Arabic, English, French, Portuguese, or Spanish. The report summarizes the experience of selected countries and looks at the contributions made by educators, health services, the media, religious leaders, politicians, and the business community. To obtain a copy, please write to UNICEF House - DH40, Facts for Life Unit, 3 UN Plaza, New York, NY 10017, USA.

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- *Facts for Life* brings together today's vital information on child health. But it can only be put at the disposal of the majority if literally thousands of organizations and institutions take on the communication challenge.
- All relevant **international** organizations are therefore invited to become partners in *Facts for Life*. The names of new partners will be added to the list on page vii in future printings.
- Any organization ordering copies of *Facts for Life* may purchase them at the print cost of $1.00 per copy.
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For details of national versions of *Facts for Life* please see pages 95 – 102.

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Facts FOR Life

the story so far...

In the three years since its publication, *Facts for Life* has met with a worldwide response. Eight million copies in 176 languages are being used in over 100 countries. It has become the basis of health education efforts for many national health services and is part of the school curriculum and adult literacy programmes in dozens of countries. In addition to the many thousands of radio and television programmes, newspaper and magazine articles that are based on its messages, *Facts for Life* is being widely used by religious leaders, by governments and non-governmental organizations, by employers and trade unions, by community organizations and by women's movements. In more than 100 countries, governments and non-governmental organizations have produced translations or versions adapted to local needs.

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